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7/25/2014 15:50:35 From: To: 8506176384

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000000817

1. Limited Liability Company's Name
SP Draper Lake, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1018 Highland Colony Parkway	1018 Highland Colony Parkway
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: Ridgeland, Mississippi	City & State: Ridgeland, Mississippi
Zip: 39157 Country: USA	Zip: 39157 Country: USA

4. State/Country of Formation: Mississippi

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: C T Corporation System by: James M. Halpin Assistant Secretary Date: 7/25/2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Joseph B. Stradinger	130 West Florida Blvd.	Madison, MS 39110
Manager	Estate of Richard Wayne Parker	1018 Highland Colony Pkwy. Suite 600	Ridgeland, MS 39157

11. E-mail Address: JamesClark@BankPlus.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: James Clark Date: 7/25/14 Daytime Phone #: 601 607 4276

Typed or printed name of signing Authorized Representative/Manager: Estate of Richard Wayne Parker, Manager by BankPlus Wealth Management Group, Co-Executor by James Clark, Vice President

K 7/25/14

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
SP DRAPER LAKE LLC

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