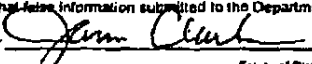


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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					
2. Principal Office Address - No P.O. Box # 1018 Highland Colony Parkway		3. Mailing Office Address 1018 Highland Colony Parkway		4. State/Country of Formation Mississippi	
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600		5. Date Organized or Qualified To Do Business in Florida	
City & State Ridgeland, Mississippi		City & State Ridgeland, Mississippi		6. FEI Number ☐ Applied For ☒ Not Applicable	
Zip 39157	Country USA	Zip 39157	Country USA	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.					
State, 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					
Title	Name of Authorized Representative/Manager	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 605.0012, 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. 817.165, F.S.					
Signature of Authorized Representative/Manager 		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					

KE 7/25/14

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

Division of Corporations

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Florida Department of State

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**LIMITED LIABILITY REINSTATEMENT
SP DRAPER LAKE LLC**

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