

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 SEP 13 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600303490826

DOCUMENT # M12000005257

1. Limited Liability Company's Name

JYP Center, LLC

2. Principal Office Address - No P.O. Box #

1717 McKinney Ave.

Suite, Apt. #, etc.

1900

City & State

Dallas, TX

Zip

75202

Country

USA

3. Mailing Office Address

1717 McKinney Ave.

Suite, Apt. #, etc.

1900

City & State

Dallas, TX

Zip

75202

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida 09/19/2012

6. FEI Number

65-1162348

☐ 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

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable) Suite,

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Melissa Zender

Asst. Vice President

Date

9/13/17

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
MGR	John Killian	1717 McKinney Ave. Suite 1900	Dallas, TX. 75202

11. E-mail Address: theresa.buscher@clarionpartners.com

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

9/8/17

Daytime Phone #

214-647-4900

Typed or printed name of signing authorized representative/member John Killian

K. ASHTON

232

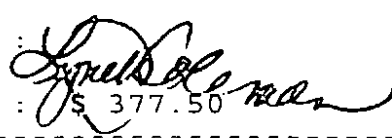
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 812987 7227391

AUTHORIZATION :

COST LIMIT : \$ 377.50



ORDER DATE : September 12, 2017

ORDER TIME : 9:58 AM

ORDER NO. : 812987-005

CUSTOMER NO: 7227391

REINSTATEMENT

NAME: JYP CENTER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

2017 SEP 13 PM 2:56