

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 JAN 28 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M14000007470

1. Limited Liability Company's Name

IGUANA INVESTMENTS FLORIDA, LLC

2. Principal Office Address - No P.O. Box #  
ONE EVERBANK FIELD DRIVE

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

Zip  
32202

Country  
US

3. Mailing Office Address  
ONE EVERBANK FIELD DRIVE

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

Zip  
32202

Country  
US

CR2E041 (1/14)

4. State/Country of Formation  
DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida 10/15/2014

6. FEI Number  
47-1631129

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 SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,  
1201 HAYS STREET

Apt. #, Etc.

City  
TALLHASSEE

State  
FL

Zip Code  
32301

000281529320

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 1/28/16

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
S	MEGHA PAREKH	ONE EVERBANK FIELD DRIVE	JACKSONVILLE, FL 32202
<b>REINSTATEMENT</b>			JAN 28 2016
			R. HUNT

11. E-mail Address: parekhm@nfl.jaguars.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 2/1/16

Daytime Phone # 908-692-9655

Typed or printed name of signing authorized representative/member MEGHA PAREKH

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

ACCOUNT NO. : I20000000195  
REFERENCE : 965556 7639396  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 377.50

ORDER DATE : January 20, 2016  
ORDER TIME : 11:43 AM  
ORDER NO. : 965556-030  
CUSTOMER NO: 7639396

RECEIVED  
CORPORATION SERVICE COMPANY  
16 JAN 28 PM 2:20  
NOT NECESSARY  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: IGUANA INVESTMENTS FLORIDA,  
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT. 62956

JAN 28 2016

R. HUNT

EXAMINER'S INITIALS \_\_\_\_\_