1 of 2 page

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

17 OCT 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400304455444

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M16000007200

1. Limited Liability Company's Name
MJ Turtle SMI OpCo, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17330 Preston Rd.	17330 Preston Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc
Ste. 220A	Ste. 220A
City & State	City & State
Dallas, TX	Dallas, TX
Zip / Country	Zip / Country
75252 / USA	75252 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
81-3795984
☐ 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	State	Zip Code
Tallahassee	FL	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 Roxanne Turner Asst. Vice President Date 10/11/17

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
MGR	John D. Powers	17330 Preston Rd. Ste. 220A	Dallas, TX 75252
MGR	Bryan Redmond	17330 Preston Rd. Ste. 220A	Dallas, TX 75252

11. E-mail Address _____
(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 10/10/17 Daytime Phone # 972-789-1400

Typed or printed name of signing authorized representative/member John D. Powers

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

ACCOUNT NO. : I20000000195

REFERENCE : 855935 7788495

AUTHORIZATION :

COST LIMIT : $238.75

ORDER DATE : October 11, 2017

ORDER TIME : 9:32 AM

ORDER NO. : 855935-005

CUSTOMER NO: 7788495

REINSTATEMENT

NAME: MJ TURTLE SMI OPCO, LLC

17 OCT 11 AM 11:07

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 _____