PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 27 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000020

1. Limited Liability Company's Name
J.D. Investment Properties, L.L.C.

9/29/00

2. Principal Office Address		3. Mailing Office Address	
132 West 2nd Street		132 West 2nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tifton, Georgia		City & State: Tifton, Georgia	
Zip: 31794	Country: USA	Zip: 31794	Country: USA

4. State/Country of Formation: Georgia

5. Date Organized or Qualified To Do Business In Florida: 01/16/1996

6. FEI Number: 59-3367451 ☐ 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: Jack Lee Donald

Street Address (P.O. Box Number is Not Acceptable): 12 Northwest 5th Place

Suite, Apt. #, Etc.

City: Williston State: FL Zip Code: 32396

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: October/25, 2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Jack Lee Donald	12 Northwest 5th Place	Williston, Florida 32396
			800004248110 8 11/04/04--01054--019 **300.00
	REINSTATEMENT 2000-2004		
			400004248114 4 11/04/04--01054--020 **50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 10/25/04 Daytime Phone #: 352-528-4101

Typed or printed name of signing Managing Member/Manager: Jack Lee Donald