Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

JRD MANAGEMENT CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT CR2E091 (11/09) 09

DOCUMENT # P02000036402

1. Corporation Name

JRD MANAGEMENT CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
850 Concourse Parkway South	850 Concourse Parkway South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Maitland, FL	Maitland, FL
Zip / Country	Zip / Country
32751 / USA	32751 / USA

4. Date Incorporated or Qualified To Do Business In Florida 04/02/2002

5. FEI Number 010655746 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Tennell Kearney Asst. Vice President — Date: November 25, 2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	H. Wade Reece	3605 Glenwood Avenue	Raleigh, NC 27612
VP	David M. Pruett	187 W. Independence	Mt. Airy, NC 27030
CFO	Andrea Holder	3605 Glenwood Avenue	Raleigh, NC 27612

10. E-mail Address: LMoberly@bbandt.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director of the assignee or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and any signature shall have the same legal effect as if made under oath.

SIGNATURE: David M. Pruett — David M. Pruett — 11/25/09 — 336-786-4761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 11/11/2009 CT System Online