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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # P96000032236

1. Corporation Name
Jaron, Inc.

REINSTATEMENT 03-05 TK

2. Principal Office Address	3. Mailing Office Address
2953 W Corp Lakes Blvd	2953 W Corp Lakes Blvd
Suite, Apt. #, etc.: Ste. 400	Suite, Apt. #, etc.: Ste. 400
City & State: Weston, FL	City & State: Weston, FL
Zip: 33331 Country: US	Zip: 33331 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 4-12-96

5. FEI Number: 65-0662045 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required for a Certificate of Status

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 Road

Suite, Apt. #, Etc.:

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

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: Connie Bryan Special Asst Secty — REGISTERED AGENT MUST SIGN — Date: 1/6/05

CREDEN (5/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	J. Hord Armstrong, III	8235 Forsyth Blvd.	St. Louis, MO 63105
PD	Martin D. Wilson	8235 Forsyth Blvd.	St. Louis, MO 63105
VP/T	Thomas S. Hilton	8235 Forsyth Blvd.	St. Louis, MO 63105
VP/S	Richard A. Keffer	8235 Forsyth Blvd.	St. Louis, MO 63105
AS	J. Richard Gist	8235 Forsyth Blvd.	St. Louis, MO 63105

10. I certify that I am an officer or director or the receiver 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] 1/5/2005 314.727.3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

JARON, INC.

Certificate of Status	1
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