PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUL -9 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # ~~F07000005186~~ B07000000322
B

1. Corporation Name

Ziplocal, LP

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
235 E 1600 S		PO Box 50030	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 110			
City & State		City & State	
Provo, UT		Provo, UT	
Zip	Country	Zip	Country
84606	USA	84605	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
10/18/2007

5. FEI Number
20-0398371
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
$8.75 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 S Pine Island Rd

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

400274671394
07/02/15--01025--002 **2500.00

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: Hiedi Liesch Date: 6/22/2015

REGISTERED AGENT MUST SIGN Hiedi Liesch, Asst. Sec.

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
CFO	Lyle Haycock	235 E 1600 S Ste 110	Provo, UT 84606
Sr VP	Marjorie Schoelles	6551 Crooked Creek Rd	Tallahassee, FL 32311
VP	Jessica MacLean	235 E 1600 S Ste 110	Provo, UT 84606
VP	Jennifer Nielson	235 E 1600 S Ste 110	Provo, UT 84606
VP	Winnie Chou	235 E 1600 S Ste 110	Provo, UT 84606
	REINSTATEMENT 2014-2015		2000.00

10. **E-mail Address:** shirley.hamblin@ziplocal.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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: 6-22-2015 801-225-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. HAWKES
JUL - 6 A.M.
EXAMINER