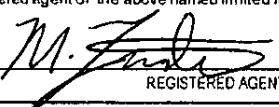


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L15000039684			
1. Limited Liability Company's Name QGISTIX, LLC			
2. Principal Office Address - No P.O. Box # 5149 Southridge Pkwy Suite, Apt. #, etc.		3. Mailing Office Address 5149 Southridge Pkwy Suite, Apt. #, etc.	
City & State Atlanta, Georgia		City & State Atlanta, Georgia	
Zip 30349	Country USA	Zip 30349	Country USA
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number 45-4953485		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 Tallahassee, Leon County		State FL	Zip Code 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 		Melissa Zender Asst. Vice President Date 4/3/17	
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
Mr.	Mark Sherman	1140 South Ocean Blvd	Manalapan, FL 33462
11. E-mail Address: Msherman@qgistix.com/accounts payable@qgistix.com (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 4/3/17 Daytime Phone # 404-675-0111	
Typed or printed name of signing authorized representative/member Mark Sherman			

FILED

2017 APR -3 AM 4:06

600297527756

CR2E041 (1/14)

APR - 3 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 582012 8017131

AUTHORIZATION :

COST LIMIT : \$ 382.50

ORDER DATE : April 3, 2017

ORDER TIME : 3:15 PM

ORDER NO. : 582012-005

CUSTOMER NO: 8017131

DOMESTIC FILINGS

NAME: QGISTIX, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

.. EXAMINER'S INITIALS _____

RECEIVED STATE
DEPARTMENT OF STATE
17 APR -3 PM 4:18