PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 APR -3 AM 4:06
600297527756

DOCUMENT # L15000039684

1. Limited Liability Company's Name
QGISTIX, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5149 Southridge Pkwy		5149 Southridge Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Atlanta, Georgia		Atlanta, Georgia	
Zip	Country	Zip	Country
30349	USA	30349	USA

CR2E041 (1/14)

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	State	Zip Code
Tallahassee, Leon County	FL	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 M. Zender REGISTERED AGENT MUST SIGN
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/accountspayable@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 M. Sherman Date 4/3/17 Daytime Phone # 404-675-0111

Typed or printed name of signing authorized representative/member Mark Sherman

APR - 3 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, 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

RECEIVED
DEPARTMENT OF STATE
17 APR -3 PM 4:10

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 _____