PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 OCT -3 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001885

900304168989

CR2E081 (11/10)

1. Corporation Name

Pindar North America, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 414 N. Orleans | 414 N. Orleans |
| Suite, Apt. #, etc<br>Ste 602 | Suite, Apt. #, etc<br>Ste 602 |
| City & State<br>Chicago, IL | City & State<br>Chicago, IL |
| Zip / Country<br>60654 / US | Zip / Country<br>60654 / US |

4. Date Incorporated or Qualified To Do Business in Florida
01/03/03

5. FEI Number
75-3093115
☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE | State: FL | Zip Code: 32301

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: Roxanne Turner
REGISTERED AGENT MUST SIGN

Roxanne Turner
Asst. Vice President

Date: 10/3/17

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/D | Richard Hunt | 414 N Orleans, Ste 602 | Chicago, IL 60654 |
| CFO | Jason Simpson | 414 N Orleans, Ste 602 | Chicago, IL 60654 |
| S | Graham Cook | 414 N Orleans, Ste 602 | Chicago, IL 60654 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: j.delaubenfels@agilitymultichannel.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: Richard Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

ACCOUNT NO. : I20000000195

REFERENCE : 846097 7955601

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 750.00

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ORDER DATE : October 3, 2017

ORDER TIME : 3:55 PM

ORDER NO. : 846097-005

CUSTOMER NO: 7955601

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FILED
2017 OCT -3 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: PINDAR NORTH AMERICA INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____