Florida Department of State
Division of Corporations
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Please retain original filing date of submission 5/27

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Not yet Filed on State's website 6/2

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
IXT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,500.00

To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 MAY 27 A 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # F04000000478

1. Limited Liability Company's Name

IxT Solutions, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3055 Lebanon Pike	3055 Lebanon Pike
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000
City & State Nashville TN	City & State Nashville TN
Zip 37214 Country USA	Zip 37214 Country USA

4. State/Country of Formation: TN

5. Date Organized or Qualified To Do Business in Florida: 1/23/2004

6. FEI Number: 62-1846346 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certificate of Status

8. 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Danny Verdecchia, Jr. Asst. Secretary Date: 5-27-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sole Member	Emdeon Business Services LLC	3055 Lebanon Pike Suite 1000	Nashville, TN 37214

REINSTATEMENT 05-10

11. E-mail Address: mossp@emdeon.com (To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.408, 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.

Signature of Managing Member/Manager: [signature] Date: 5/25/2010 Daytime Phone: (615) 932-3183

Typed or printed name of signing Managing Member/Manager: Darrell Stokes for Emdeon Business Services LLC