2/9/2017 Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
ANI ACQUISITION SUB, INC.

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000005493

1. Corporation Name
ANI Acquisition Sub, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6140 S. Syracuse Way	6140 Syracuse Way
Suite, Apt. #, etc Suite 305	Suite, Apt. #, etc Suite 305
City & State Greenwood Village, CO	City & State Greenwood Village, CO
Zip: 80111 Country: USA	Zip: 80111 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12/14/2010 (Qualification in Florida)

5. FEI Number
27-3196320
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
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, etc
City: Plantation State: FL Zip Code: 33324

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: Mark Holloway, Asst. Secretary
REGISTERED AGENT MUST SIGN
Date: 2/9/17

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	Michael T. Liess	6140 S. Syracuse Way, Suite 305	Greenwood Village, CO 80111
S & T	Karl Schuster	6140 S. Syracuse Way, Suite 305	Greenwood Village, CO 80111
D	Jordan Richards	44 Montgomery Street, Suite 300	San Francisco, CA 94104
D	Charles W. Schellhorn	6408 Aberdeen Road	Shawnee Mission, Kansas 66208
D	Richard Troksa	18885 E. Easter Place	Centennial, Colorado 80016
D	Gunnar Bjorklund	44 Montgomery Street, Suite 300	San Francisco, CA 94104

10. E-mail Address: Karl.Schuster@doculynx.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: Karl Schuster 2/9/2017 3033904356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE 2/10/17