PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 JUL 17 AM 10: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000001141

1. Corporation Name

COMMUNITECT, INC.

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
2912 Executive Parkway		2912 Executive Parkway	
Suite, Apt. #, etc		Suite, Apt. #, etc	
#300		#300	
City & State		City & State	
LEHI, Utah		LEHI, Utah	
Zip	Country	Zip	Country
84043	USA	84043	USA

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 03/14/2012

5. FEI Number: 870649593 — 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: C T 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

REINSTATEMENT

JUL 17 2015

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: [signature] Connie Bryan Assistant Secretary   Date 5/20/2015

REGISTERED AGENT MUST SIGN

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
VT	Jim Higgins	2912 Executive Pkwy #300	LEHI, UT 84043
C	NICK EFSTRATIS	15 W. South Temple, Suite 500	Salt Lake City, UT 84101
VC	Josh Weiner	200 Middlefield Road, Suite 200	Menlo Park, CA 94025
D	Craig D. Frances	200 Middlefield Road, Suite 200	Menlo Park, CA 94025
P	Greg Gianforte	1320 Manley Road	Bozeman, MT 59715
S	Peter Francis	200 Middlefield Road, Suite 200	Menlo Park, CA 94025

10. **E-mail Address:** steve@solutionreach.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: [signature]   7/15/15   801-331-7194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
COMMUNITECT, INC.

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JUL 17 2015
R. HUNT