PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 AUG -7 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12000003892

1. Corporation Name

CAPITAL CONNECT, INC.

800316906988

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6400 E Grant Rd	6400 E Grant Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 270	Ste 270
City & State	City & State
Tucson, AZ	Tucson, AZ
Zip / Country	Zip / Country
85715 / USA	85715 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/21/2012

5. FEI Number: 27-5391724 ☐ 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: Emily Croft Date: 8/7/2018

REGISTERED AGENT MUST SIGN

Emily Croft
Asst. Vice President

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
PTD	Garrett Rustland	6400 E Grant Rd Ste 270	Tucson, AZ 85715
S	Todd Johnson	6400 E Grant Rd Ste 270	Tucson, AZ 85715

E-mail Address: smcbride@connectsecurity.com
(To be used for future annual report notification)

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: Garrett Rustland 5/6/2018 520-209-2559

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 : 336674 8175009

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : August 7, 2018

ORDER TIME : 3:16 PM

ORDER NO. : 336674-005

CUSTOMER NO: 8175009

REINSTATEMENT

18 AUG -7 PM 3:29

NAME: CAPITAL CONNECT, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS _____