

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 DEC 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F13000002835**

1. Corporation Name

**3xLOGIC, Inc**

**300307188573**

CR2508: (11/16)

2. Principal Office Address - No P.O. Box #

**1200 Pecos St.**

State, Apt #, etc.

**Suite 290**

City & State

**Westminster, CO**

Zip

Country

**8023A USA**

3. Mailing Office Address

**1200 Pecos St.**

State, Apt #, etc.

**Suite 290**

City & State

**Westminster, CO**

Zip

Country

**8023A USA**

4. Date Incorporated or Qualified To Do Business in Florida

**6/28/2013**

5. FEI Number

**870797949**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Corporate Registration

\$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**

State, 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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date **12/28/2017**

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
es/CEO	<b>Matt Kushner</b>	<b>1200 Pecos St., Ste 290</b>	<b>Westminster, CO 8023A</b>
PIC/FC	<b>Jack Lyons</b>	<b>1200 Pecos St., Ste 290</b>	<b>Westminster, CO 8023A</b>

DEC 29 2017

E-mail Address:

(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 a 817.155, F.S.

SIGNATURE:

*[Handwritten Signatures]* **JACK E. LYONS, VP/FC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-28-2017**

Date

**303431969**

Daytime Phone

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

ACCOUNT NO. : I20000000195  
REFERENCE : 985562 8155437  
AUTHORIZATION *[Signature]*  
COST LIMIT : \$ 1050

ORDER DATE : December 28, 2017  
ORDER TIME : 9:48 AM  
ORDER NO. : 985562-005  
CUSTOMER NO: 8155437

REINSTATEMENT

NAME: 3XLOGIC, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX          PLAIN STAMPED COPY  
         CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS \_\_\_\_\_

17 DEC 29 PM 10:59

PERSONAL