PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 APR 24 PM 12:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F14000000834

1. Corporation Name

Agility Recovery Solutions, Inc.

200312480832

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1601 Wewatta St.	
Suite, Apt. #, etc 300	Suite, Apt. #, etc
City & State Denver, CO	City & State
Zip / Country 80202 / USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
02/24/2014

5. FEI Number
03-0464184
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No
$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 St.

Suite, Apt. #, Etc

City / State / Zip Code
Tallahassee / FL / 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: Roxanne Turner
REGISTERED AGENT MUST SIGN
Roxanne Turner
Asst. Vice President
4/23/18

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
CEO	Hyune Hand	1601 Wewatta St. Ste 300	Denver, CO 80202
CFO	John Heslin	1601 Wewatta St. Ste 300	Denver, CO 80202
Legal	Stuart Bloj	1601 Wewatta St. Ste 300	Denver, CO 80202
			APR 2 4 2018

10. E-mail Address: stuart.bloj@agilityrecovery.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: Stuart Bloj, Director of Legal — 4/23/18 — 720-490-4585
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 : 176905 7783149

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : April 23, 2018

ORDER TIME : 3:0 PM

ORDER NO. : 176905-005

CUSTOMER NO: 7783149

REINSTATEMENT

NAME: AGILITY RECOVERY SOLUTIONS 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 _____