

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 # **F1400000834**

1. Corporation Name

Agility Recovery Solutions, Inc.

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

1601 Wewatta St.

Suite, Apt. #, etc

300

City & State

Denver, CO

Zip

80202

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

200312460832

CR2E081 (11/10)

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

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

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 21 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

Stuart Bloj, Director of Legal

4/23/18

720-490-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

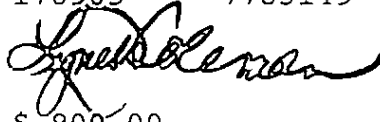
Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, 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 _____