PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15000001909

1. Corporation Name

IT Xchange Financial Services (2013) Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 Wilson Avenue	9241 Globe Center Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 100
City & State	City & State
Norwalk, CT	Morrisville, NC
Zip / Country	Zip / Country
06854 / USA	27560 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
September 22, 2017

5. FEI Number — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED
No

$6.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT 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

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: Chantalle Rufen-Blanchette Date: 11/6/2017
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
Dir	David Reese	77 King Street West, Suite 4320	Toronto, ON M5K 1K2
Dir	James Riley	77 King Street West, Suite 4320	Toronto, ON M5K 1K2
CEO	Alan Rupp	9241 Globe Center Drive, Suite 100	Morrisville, NC 27560

10. E-mail Address: tedavis@xtglobal.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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] 11/2/2017 (919) 354-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/12/2015 Wolters Kluwer Online

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
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Account Number : FCA000000023
Phone : (512)418-6949
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CORPORATION REINSTATEMENT

IT XCHANGE FINANCIAL SERVICES (2013) INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$750.00

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