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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
2016 - 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15000004089

1. Corporation Name
INVESTCLOUD, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
700 N. San Vicente Blvd	700 N. San Vicente Blvd
Suite, Apt #, etc: Suite G-605	Suite, Apt #, etc: Suite G-605
City & State: West Hollywood, CA	City & State: West Hollywood, CA
Zip: 90069 Country: USA	Zip: 90069 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/2015
5. FEI Number: 32-0412640 | 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: C T 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: [signature] REGISTERED AGENT MUST SIGN Date: 11/13/2017

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
CEO	John Wise	1325 N Wetherly Drive	West Hollywood, CA 90069
Pres	Colin Close	1230 Horn Ave 252c Apt 725	West Hollywood, CA 90069
Director	John-Paul Whelan	3377 Washington Street	San Francisco, CA 94118
Director	Richard Garman	555 California Street Ste 9200	San Francisco, CA 94104

10. E-mail Address: pcaslavka@investcloud.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: [signature] Colin Close 11/8/17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. ASHTON

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
INVESTCLOUD, INC.

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