PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 OCT 24 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F17000001723

1. Corporation Name: Krossover Intelligence, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5360 Legacy Drive	5360 Legacy Drive
Suite, Apt. #, etc: Suite 150	Suite, Apt. #, etc: Suite 150
City & State: Plano TX	City & State: Plano TX
Zip: 75024 Country: USA	Zip: 75024 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 9/17/2017

5. FEI Number: 26-386 1502 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

800320189158

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: Emily Croft — REGISTERED AGENT MUST SIGN — Emily Croft Asst. Vice President — Date: 10/24/2018

9. Names and Street Addresses of Each Officer and/or Director (Florida [illegible] corporation must list 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/ CEO	Alex Alt	5360 Legacy Drive Ste 150	Plano TX 75024
CFO	Richard Sorrien	5360 Legacy Drive Ste 150	Plano TX 75024

10. E-mail Address: JESSICA.KALIN@stacksports.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10/24/18 Date — 4694732804 Daytime Phone #

OCT 24 2018

CAC

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

ACCOUNT NO. : I20000000195

REFERENCE : 458196 8060001

AUTHORIZATION :

COST LIMIT : $ 750.00

ORDER DATE : October 24, 2018

ORDER TIME : 3:39 PM

ORDER NO. : 458196-005

CUSTOMER NO: 8060001

REINSTATEMENT

NAME: KROSSOVER INTELLIGENCE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS _____

18 OCT 24 PM 4:11