

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 JAN -4 PM 4:21</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">F95000001559</span>					
1. Corporation Name <div style="text-align: center; font-weight: bold;">Transactive Corporation</div>					
Principal Place of Business 1627 Woodland Ave Austin, TX 78741			Mailing Address 1627 Woodland Ave Austin, TX 78741		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right; font-weight: bold;">03/31/95</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <div style="text-align: center; font-weight: bold;">05-0471522</div>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
Zip	Country	Zip	Country		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
	Please See Attached		<div style="font-weight: bold; font-size: 1.2em;">700003091047--8</div> <div style="font-size: 0.8em;">-01/07/00--01001--018</div> <div style="font-size: 0.8em;">*****900.00 *****900.00</div>		
			<div style="font-weight: bold; font-size: 1.2em;">700003091047--8</div> <div style="font-size: 0.8em;">-01/12/00--01075--001</div> <div style="font-size: 0.8em;">*****8.75 *****8.75</div>		
REINSTATEMENT 94-00 1175					
8. Name and Address of Current Registered Agent <div style="text-align: center; margin-top: 10px;">           CT Corporation System            1200 S. Pine Island Road            Plantation, FL 33324         </div>			9. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Name            Street Address (P.O. Box Number is Not Acceptable)            Suite, Apt. #, Etc.            City      State <div style="border: 1px solid black; padding: 2px;">FL</div>      Zip Code         </div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           Signature of Registered Agent   <div style="text-align: center; font-weight: bold; font-size: 0.8em;">REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY</div> </div> <div style="width: 35%;">           Date <span style="font-size: 1.2em;">1/3/99</span> </div> </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:			Cynthia A. Nebergall Secretary      12/30/99		
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		