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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000004832

1. Corporation Name
Wayport, Inc.

4509 Friedrich Ln,S.C.CTR. II
Attn: Accts Payable, P.O. Box 17007

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
4509 Friedrich Ln,S.C.CTR. II	Attn: Accts Payable, P.O. Box 17007
Suite, Apt. #, etc.: BLDG III, Suite 300	Suite, Apt. #, etc.:
City & State: Austin, Texas	City & State: Austin, Texas
Zip: 78744 / Country: Travis	Zip: 78760 / Country: Travis

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/99

5. FEI Number: 74-2886905 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Coporation 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: Connie Boyer Special Asst Sec'y — Date: 12/20/04
REGISTERED AGENT MUST SIGN

CR2E091 (01/04)

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	David Vucina	4509 Friedrich Lane	Austin, Texas 78744
CFO	David Hampton	4509 Friedrich Lane	Austin, Texas 78744

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and all signatures will have the same legal effect as if made under oath.

SIGNATURE: _____ 9-22-04 512-519-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

WAYPORT, INC.

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