PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000012739

1. Limited Liability Company's Name
E-xpedient Holdings, Ltd. Co.

4/8

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
1600 S.W. 24th Avenue	Crane Building	Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc. 40 24th Street	5. Date Organized or Qualified To Do Business in Florida 5/23/02
City & State Ft. Lauderdale, FL	City & State Pittsburgh, PA	6. FEI Number 75-3061739 ☐ Applied For ☐ Not Applicable
Zip 33312 County USA	Zip 15222 County USA	7. CERTIFICATE OF STATUS DESIRED ☐

8. 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Charlotte Reneé Cox Date: 4-7-04
REGISTERED AGENT MUST SIGN
Charlotte Renée Cox, Asst. Secretary

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
C.O.B.	STEPHEN P. ABBEY	812 Huron ST. SUITE 320	CLEVELAND, OH, 44114
CEO	BRAD REYNOLDS	" " "	" " "
CFO	KEN MISCH	40 24TH STREET, SUITE 300	PITTSBURGH, PA 15222
COO	SHAWN McGORRY	" " "	" " "
		REINSTATEMENT 2003-2004	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all taxes owed by the limited liability company 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 of Managing Member/Manager: [signature] Date: 4/6/04 Daytime Phone #: 412-316-7802

Typed or printed name of signing Managing Member/Manager: SHAWN M. McGORRY, COO

CR2E011 (01/03)

(2)

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

E-XPEDIENT HOLDINGS, LTD. Co.

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