Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
HEADCOLT, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000033987

1. Limited Liability Company's Name
HeadCoit, LLC

REINSTATEMENT 09-13
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16604 Villalenda	16604 Villalenda
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33613 Country: USA	Zip: 33613 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 2, 2008

6. FEI Number: Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐ $550 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Tony Dungy
Street Address (P.O. Box Number is Not Acceptable): 16604 Villalenda
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33613

E-mail Address: dennis.coleman@ropesgray.com
(To be used for future annual report notices)

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: Tony Dungy Date: 7/2/13
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mr.	Tony Dungy	16604 Villalenda	Tampa, FL 33613

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 fees 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; 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 of Managing Member/Manager: Tony Dungy Date: 7/2/13 Daytime Phone #: 317 710 2152

Typed or printed name of signing Managing Member/Manager: Tony Dungy, Sole Member