

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000063727

**FILED**  
**Dec 10, 2011**  
**Secretary of State**

**Entity Name:** QALIGN , LLC

**Current Principal Place of Business:**

388 PINE TREE RD  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

3000 SW BENSONWOOD AVE  
BENTONVILLE, AR 72712 US

**Current Mailing Address:**

388 PINE TREE RD  
LAKE MARY, FL 32746 US

**New Mailing Address:**

3000 SW BENSONWOOD AVE  
BENTONVILLE, AR 72712 US

**FEI Number:** 27-0472464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PATRICK CONWAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KORIMILLI, KISHORE  
**Address:** 114 HADLEY DR  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** MGRM  
**Name:** CONWAY, PATRICK  
**Address:** 3000 SW BENSONWOOD AVE  
**City-St-Zip:** BENTONVILLE, AR 72712 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** PATRICK CONWAY

MGRM

12/10/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date