2042

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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Email Address: _____

LIMITED LIABILITY REINSTATEMENT
MAXX INNOVATIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$382.50

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1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2015-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000112203

1. Limited Liability Company's Name
Maxx Innovations, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
30305 Solon Rd	30305 Solon Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Solon OH	City & State: Solon OH
Zip: 44139 Country: USA	Zip: 44139 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 07/15/2014

6. FEI Number: 61-1742067 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T 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 605, F.S.

Signature of Registered Agent: C T Corporation System By: Michael Seraphin Asst. Secretary Date 04-12-2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CFO	Mark Wright	30305 Solon Rd.	Solon / OH / 44139
CEO	Neil Sethi	30305 Solon Rd.	Solon / OH / 44139

11. E-mail Address: MWRIGHT@TRANSMAXX.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Mark Wright Date 4.12.2016 Daytime Phone # 440.528.4323

Typed or printed name of signing Authorized Representative/Manager: Mark Wright

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K. ASHTON