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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

17 DEC -6 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300306416633

CR2E041 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99000000564

1. Limited Liability Company's Name

COBRA SOFTWARE GROUP, L.L.C.

2. Principal Office Address - No P.O. Box # 477 COMMERCE BLVD.		3. Mailing Office Address 447 COMMERCE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATT. LEGAL DEPARTMENT...	
City & State OLDSMAR, FL		City & State OLDSMAR, FL	
Zip 34677	Country USA	Zip 34677	Country USA

4. State/Country of Formation FLORIDA...	
5. Date Organized or Qualified To Do Business in Florida 01/29/1999	
6. FEI Number 65-0897036	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent	
Name CORPORATION SERVICE COMPANY	
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET	
Apt. #, Etc.	
City TALLAHASSEE	State FL
Zip Code 32301-2525	

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

*Roxanne Turner*  
REGISTERED AGENT MUST SIGN

Roxanne Turner

Asst. Vice President

Date 12/6/2017

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
MGR	Swanson Services Corporation	477 Commerce Blvd.	Oldsmar, FL 34677

11. E-mail Address:

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Alex S.Y Lee*

Date 12/5/2017

Daytime Phone #

314-214-2700

Typed or printed name of signing authorized representative/member

Alex S.Y Lee, Corporate Secretary, Authorized Representative

Jason Welch  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : COBRA SOFTWARE GROUP LLC  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$248.75

ORDER DATE : 12/06/2017

ORDER TIME :

ORDER NO. :

CUSTOMER NO: COBRA SOFTWARE GROUP LLC

FOREIGN FILINGS

NAME: COBRA SOFTWARE GROUP, LLC

XXXX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
~~XXXX~~ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

17 DEC -6 AM 11:18