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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M00000000823

FILED

03 MAR -5 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000000823

Name and Mailing Address

0008070 01 FP 0.352 **PRSRT T5 0 0615 57104-640325

EXPANETS OF NORTH AMERICA, LLC
125 S. DAKOTA AVENUE
SIOUX FALLS SD 57104-6403

REINSTATEMENT 2002-2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 04/26/2000

Principal Place of Business: 125 S. DAKOTA AVENUE, SIOUX FALLS SD 57104

3. New Principal Place of Business Address: 9780 Mt. Pyramid Ct. #400

City, State, Zip: Englewood, Co. 80112

6. FEI Number: 91-2038252 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600009507526
12/13/02--01063--001 **150.00

City: FL Zip Code

10. 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: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 1-23-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

600009507526
03/05/03--01061--001 **50.00

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
~~P~~	~~WALKER, JAMES R~~	~~9780 MOUNT PYRAMID COURT~~	~~ENGLEWOOD CO 80112~~
~~VP~~	~~BESHAR, LUKE M~~	~~9780 MOUNT PYRAMID COURT~~	~~ENGLEWOOD CO 80112~~
P ~~VPS~~	YOUNGER, CHRISTOPHER J	9780 MOUNT PYRAMID COURT	ENGLEWOOD CO 80112
VP/CFO	Fresia, Rick	9780 Mt. Pyramid Ct	Englewood, Co 80112
S	Tim Atkinson	9780 Mt. Pyramid Ct	Englewood, Co 80112
VP/Cont	Kristine Donovan	9780 Mt. Pyramid Ct	Englewood, Co 80112

12. 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 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 11/22/02 Daytime Phone # (303) 300-6365

Typed or printed name of signing Managing Member/Manager: Tim Atkinson

CR2E084 (8/02)