FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 AUG 16 AM 8:47

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800238593768

CR2E041 (1/11)

DOCUMENT # M02000000454

1. Limited Liability Company's Name

Compliance Networks, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14090 Southwest Freeway		14090 Southwest Freeway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite #300		Suite #300	
City & State		City & State	
Sugar Land, TX		Sugar Land, TX	
Zip	Country	Zip	Country
77478	USA	77478	USA

4. State/Country of Formation: DE

6. Date Organized or Qualified To Do Business In Florida: 02/21/2002

6. FEI Number: 760627925 ☐ 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: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr

Suite, Apt. #, Etc.: Ste A

City	State	Zip Code
Tallahassee	FL	32301

E-mail Address:

(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: Gayle Wendle, asst sec Date: 8-16-2012
(REGISTERED AGENT MUST SIGN)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Greg Holder	14090 Southwest Freeway, Ste 300	Sugar Land, TX 77478
MGR	Bruce F Berger	14090 Southwest Freeway, Ste 300	Sugar Land, TX 77478

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: Bruce F Berger Date: 8/16/2012 Daytime Phone #: 281 340-2034

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2006-2012

TP 8/17/12

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **08-16-2012**

NAME: COMPLIANCE NETWORKS, LLC

TYPE OF FILING: **REINSTATMENT**

COST: **$1,071.25 + $5.00= $1,076.25**

RETURN: **CERTIFICATE OF STATUS**

2012 AUG 16 PM 2:51

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**