PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 20 AM 8:01

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000000883

1. Limited Liability Company's Name

TIL ORLANDO R F, LLC

900176573559
04/20/10--01018--025 **655.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6363 WOODWAY	1201 HAYS STREET
Suite, Apt #, etc: SUITE 110	Suite, Apt #, etc:
City & State: HOUSTON, TX	City & State: TALLAHASSEE, FL
Zip: 77057 County:	Zip: 32301 Country:

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 2/14/06

6. FEI Number: ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] JILL E. CILMI, AVP REGISTERED AGENT MUST SIGN Date: 3/2/2010

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PRINTEX H II, LLC	795 EAGLEVIEW DRIVE	ALPINE, UT 84004

11. E-mail Address:

(Used for Florida Department of State notifications)

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: 2/23/10 Daytime Phone #: 801-472-5566

Typed or printed name of signing Managing Member/Manager:

REINSTATEMENT 2007-2010

T. Hampton APR 21 2010