PLEASE READ ALL INSTRUCTIONS BEFORE C

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 18 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000002379

300259068653

CR2E041 (1/14)

1. Limited Liability Company's Name
NSMG Shared Services, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1900 Saint James Place		1900 Saint James Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Houston, TX		Houston	
Zip	Country	Zip	Country
77056	Harris	77056	USA

4. State/Country of Formation 4-15-14
Delaware

5. Date Organized or Qualified To Do Business in Florida 01028-08
April 25, 2007

6. FEI Number
208729143
☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

REINSTATEMENT
2011 - 2014

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 Jayna Nickell Asst. Secretary Date 7/18/14
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
CRO	William M. Hamilton	1900 Saint James Place, Suite 300	Houston, TX
CFO	Mark Shinder	1900 Saint James Place, Suite 300	Houston, TX
COO	Brian Sullivan	1900 Saint James Place, Suite 300	Houston, TX

11. E-mail Address: nsttax@nsmg.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 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 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 Shinder Date 07/17/2014 Daytime Phone # 832-308-2790

Typed or printed name of signing Authorized Representative/Manager Mark Shinder
EVP & CFO

7/18

CT Corporation System 515 E. Park Ave., Tallahassee, FL, 32301 850-222-1092

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DIVISION OF CORPORATIONS

NOT ACKNOWLEDGE TO ACKNOWLEDGE OF FILING

NSMG SHARED SERVICES LLC **M07000002379**

Thank you!

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal **(X) Reinstatement**	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	(x) Pick Up

Name 7/18/2014 Order#:
Availability _____ **9214293**
Document **ST**
Examiner _____ Ref#: ___
Updater _____
Verifier _____
W.P. Verifier _____ Amount: $ ___