


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		14 JAN -8 PM 4:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M07000003023					
1. Limited Liability Company's Name InGrid Services LLC					
2. Principal Office Address - No P.O. Box # 2260 Imperial Highway Suite, Apt. #, etc.			3. Mailing Office Address 2021 Cabot Blvd. West Suite, Apt. #, etc.		
City & State El Segundo, CA			City & State Langhorm, PA		
Zip	Country	Zip	Country	4. State/Country of Formation Delaware	
90245	US	19047	US	5. Date Organized or Qualified To Do Business in Florida 5/21/2007	
				6. FEI Number 77-0681626	
				Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input 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) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee			State FL		
			Zip Code 32021		
E-mail Address: 800255417579 jan.williamson@directv.com (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 605, F.S.					
Signature of Registered Agent <i>[Signature]</i> Date 1-8-2014 <small>REGISTERED AGENT MUST SIGN</small>					
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company					
Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person		City / State / Zip	
Mgr	Janet L. Williamson	2260 E. Imperial Highway		El Segundo, CA 90245	
Mgr	Keith U. Landenberger	2260 E. Imperial Highway		El Segundo, CA 90245	
11. I certify that I am an authorized person 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 Chapter 605, 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 Person <i>[Signature]</i> Date 1/7/2014 Daytime Phone # 810-964-0724					
Typed or printed name of signing Authorized Person Janet L. Williamson, Manager					

cc 1/8/14