PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT 19 AM 7:47

DOCUMENT # M11000003686

1. Limited Liability Company's Name
QAL-TEK ASSOCIATES LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3998 Commerce Circle	3998 Commerce Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Idaho Falls, Idaho	City & State: Idaho Falls, Idaho
Zip: 83401 Country: United States	Zip: 83401 Country: United States

4. State/Country of Formation: Idaho

5. Date Organized or Qualified To Do Business In Florida: 07/20/2011

6. FEI Number: 82-0504727 ☐ 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: C T Corporation Sysetm

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

500319946485

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: [signature] Peter Trawinski Assistant Secretary Date: 10/17/2018

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
Member	Travis Snowder	3998 Commerce Circle	Idaho Falls, Idaho 83401
Manager	Jesse Ottesen	3998 Commerce Circle	Idaho Falls, ID 83401
Manager	Casey Smith	3998 Commerce Circle	Idaho Falls, ID 83401

OCT 19 2018

C SNEAD

11. E-mail Address: jottesen@qaltek.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 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 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: [signature] Date: 10-16-18 Daytime Phone #: 208-523-5557

Typed or printed name of signing Authorized Representative/Manager: Jesse Ottesen

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/19/2018

Acc#I20160000072

Name:	QAL-TEK ASSOCIATES LLC
Document #:	M11000003686
Order #:	11213796

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ✓	Certified: ✓
	Plain:
	COGS:

RECEIVED
FLORIDA DEPARTMENT OF STATE
18 OCT 19 AM 8:10

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 407.50

Thank you!