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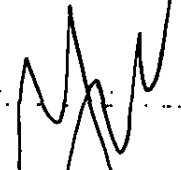
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11000004871			
1. Limited Liability Company's Name Empower Network, LLC			
2. Principal Office Address - No P.O. Box # 2840 West Bay Drive Suite, Apt. #, etc. #186 City & State Belleaire Bluffs, FL Zip 33770 Country USA		3. Mailing Office Address 2840 West Bay Drive Suite, Apt. #, etc. #166 City & State Belleaire Bluffs, FL Zip 33770 Country USA	
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite 1200 South Pine Island Road Apt. #, Etc. Suite 250 City Plantation State FL Zip Code 33324		4. State/Country of Formation DE / USA 5. Date Organized or Qualified To Do Business in Florida October 2011 6. FEI Number 46-3306375 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status.	
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 <u>Nicole Chouinard</u> <u>Assistant Secretary</u> Date <u>10/13/2015</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mngr	David Wood	1053 Willow Grouse Rd	Fairbanks, AK 99712
11. E-mail Address: <u>accounting@empowernetwork.com</u>			
(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 requirement 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 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 representative/member <u>David Wood</u>		Date <u>10/12/2015</u> Daytime Phone # <u>727-520-5400</u>	
Typed or printed name of signing authorized representative/member <u>David Wood</u>			

REINSTATEMENT

2015



Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
EMPOWER NETWORK LLC

Certificate of Status	1
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Estimated Charge	\$243.75