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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETI ...

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

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2840 West Bay Drive	2840 West Bay Drive
Suite, Apt. #, etc. #166	Suite, Apt. #, etc. #166
City & State Belleaire Bluffs, FL	City & State Belleaire Bluffs, FL
Zip 33770 Country USA	Zip 33770 Country USA

4. State/Country of Formation DE / USA

5. Date Organized or Qualified To Do Business In Florida October 2011

6. FEI Number 46-3306375 ☐ 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: 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

REINSTATEMENT 2015

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: Nicole Chouinard Nicole Chouinard, Assistant Secretary Date: 10/13/2015

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: accounting@empowernetwork.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 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: [signature] Date: 10/12/2015 Daytime Phone #: 727-520-5400

Typed or printed name of signing authorized representative/member: David Wood

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

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