MH000005288

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
PALOGIX SOLUTIONS LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

12-13

CR2E041 (1/11)

DOCUMENT # M11000005288

1. Limited Liability Company's Name

PALOGIX SOLUTIONS LLC

2. Principal Office Address (No P.O. Box)	3. Mailing Office Address	4. State/Country of Formation
124 W. CHICAGO AVE	1362 E. SOUTH AVE	DELAWARE
City & State: LAKE HAMILTON, FL	City & State: FOWLER, CA	5. Date Organized or Qualified to Transact Business in Florida: 10/21/11
Zip: 33851	Zip: 93625	6. FEI Number: 80-0710952

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

E-mail Address:

(To be used for future annual report notices)

9. I hereby accept the appointment as registered agent and agree to act in this capacity. I am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Janet Gorkin, Special Asst. Secretary — Date 4/3/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member or Manager	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	ROBERT LIEBESMAN	11601 WILSHIRE BLVD, #1925	LOS ANGELES CA 90025
MGR	COLIN GELB	11601 WILSHIRE BLVD, #1925	LOS ANGELES CA 90025

11. I certify that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when the administrative dissolution was entered, the limited liability company name satisfies the requirements of section 608.406, 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 Managing Member/Manager: [signature] Date: 4/4/13 Daytime Phone: (310) 601-2843

Typed or printed name of signing Managing Member/Manager: COLIN GELB, CEO