FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000005176

1. Limited Liability Company's Name
Orbis Operations, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1408 N. WestShore Blvd	1408 N. WestShore Blvd
Suite, Apt. #, etc.: Suite 140	Suite, Apt. #, etc.: Suite 140
City & State: Tampa FL	City & State: Tampa, FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09/14/2012

6. FEI Number: 262187136 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required

8. Name and Address of Current Registered Agent

Name: NRAI Services Inc

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Bryan (REGISTERED AGENT MUST SIGN) for Cristian Secretary Date: 7/6/2015

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
MGR	Robert Levin	1408 N. WestShore Blvd Suite 140	Tampa, FL 33607

REINSTATEMENT
2013-2015

S. HAWKES
JUL -6 A.M.
EXAMINER

11. E-mail Address: rlevin@orbisops.com (To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 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: 5.27.15 Daytime Phone #: 703-639-0911

Typed or printed name of signing Authorized Representative/Manager: Robert J. Levin

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
ORBIS OPERATIONS, LLC

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