PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 OCT -5 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100319410721

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M14000006138

1. Limited Liability Company's Name
TAX DEFENSE NETWORK, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9000 SOUTHSIDE BLVD	9000 SOUTHSIDE BLVD
Suite, Apt. #, etc.: Suite 11000	Suite, Apt. #, etc.: Suite 11000
City & State: JACKSONVILLE, FL	City & State: Jacksonville, FL
Zip: 32256 / Country: USA	Zip: 32256 / Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 08/27/2014

6. FEI Number: 14-1906885 ☐ 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 System

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

Suite, Apt. #, Etc.:

City: Plantation, Florida | 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: _____ Mike Jones, Assistant Secretary Date: 10/04/2018

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
MBR	TDN Acquisition Corporation	500 Boylston Street, Suite 1350	Boston, MA 02116
CEO	Tom Baumlin	9000 Southside Blvd, Ste 11000	Jacksonville, FL 32256
			Y SULKER
			OCT 05 2018

11. E-mail Address: jonathan.bochese@moneysolver.org
(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 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: _____ Date: 10/4/18 Daytime Phone #: 904/309-8171

Typed or printed name of signing Authorized Representative/Manager: Jonathan Bochese

CT CORP

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

Date: 10/5/2018

Acc#I20160000072

Name:	Tax Defense Network, LLC
Document #:	
Order #:	11191747

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

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Thank you!