

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF REINSTATEMENT

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

KASKI, LLC

a Domestic Limited Liability Company

was formed on 03/03/2008, and later administratively dissolved on 12/31/2015. Said entity has filed an application for reinstatement and has paid all fees and penalties due to the Secretary of State. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of 03/31/2016, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the entity may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 04/08/2016




Brian P. Kemp
Secretary of State

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Application for Reinstatement

Electronically Filed
Secretary of State
Filing Date: 3/31/2016 2:03:53 PM

BUSINESS INFORMATION

BUSINESS NAME : KASKI, LLC
CONTROL NUMBER : 08024437
BUSINESS TYPE : Domestic Limited Liability Company
ADMINISTRATIVE DISSOLUTION DATE : 12/31/2015

Ground(s) for the administrative dissolution either did not exist or have been eliminated. All taxes owed by the entity have been paid.

ADDRESS AND REGISTERED AGENT AT TIME OF ADMINISTRATIVE DISSOLUTION

PRINCIPAL OFFICE ADDRESS : 190 Marietta Street cnn , Suite 222, ATLANTA, GA, 30303
REGISTERED AGENT NAME : PARAJULI, CHATURA K
AGENT ADDRESS : 231 PEACHTREE STREET, NE, ATLANTA, GA, 30303

CURRENT ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 190 Marietta Street cnn, Suite 222, ATLANTA, GA, 30303, USA
REGISTERED AGENT NAME : PARAJULI, CHATURA K
AGENT ADDRESS : 231 PEACHTREE STREET, NE, ATLANTA, GA, 30303

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Saroj Nepal
AUTHORIZER TITLE : Authorized Person