

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:-

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 20 AM 9:45

DOCUMENT # **L030000023771**

1. Limited Liability Company's Name

SECURE AMERICA LLC

600136825906
10/10/08--01002--003 **718.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

4839 SW 148TH AVE

Suite, Apt. #, etc.

706

City & State

DAVIE FL

Zip

33330

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / USA

5. Data Organized or Qualified
To Do Business in Florida

0/03

6. FEI Number

26-8829753

☒ 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

RAUL PALOMINO

Street Address (P.O. Box Number is Not Acceptable)

4839 SW 148TH AVE

Suite, Apt. #, Etc.

706

City

DAVIE

State

FL

Zip Code

33330

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/19/08**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RAUL PALOMINO	4839 SW 148TH AVE # 706	DAVIE FL 33330
MGR	SAMUEL NWOFOLU	4839 SW 148TH AVE # 706	DAVIE FL 33330

FF \$693.75

REINSTATEMENT

04-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 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.

Signature of
Managing Member/Manager

[Signature]

Date **6/19/08**

Daytime Phone # **954-822-2418**

Typed or printed name of signing Managing Member/Manager

RAUL PALOMINO