

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000001736

FILED

02 APR 18 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/29/02--01007--004  
\*\*\*\*200.00 \*\*\*\*200.00

DOCUMENT # L00000001736

1. Limited Liability Company's Name

1st-Hand Information Systems, LLC

2. Principal Office Address

104 S. Harbor City Blvd.

Suite, Apt. #, etc.

City & State  
Melbourne, Florida

Zip  
32901

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State  
FL 32901

Zip

Country

4. State/Country of Formation

Brevard County, Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/11/00

6. FEI Number  
None

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 CHANGE TO:

Name

Troy R. Lotane, Esquire

Former Registered Agent:  
J. Patrick Anderson

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

930 S. Harbor City Blvd.  
Suite 505

Suite, Apt. #, Etc.

Melbourne, FL 32901

City  
Cocoa

State  
FL

Zip Code  
32922

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

Date 3-13-02

REGISTERED AGENT MUST SIGN

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
MGR	Dennis Deruelle	104 S. Harbor City Blvd.	Melbourne, FL 32901
MGR	Johnny Walker	104 S. Harbor City Blvd.	Melbourne, FL 32901
MGR	Tim Yandell	104 S. Harbor City Blvd.	Melbourne, FL 32901
MGR	Ken Deruelle	104 S. Harbor City Blvd.	Melbourne, FL 32901
MGR	Brian Wetzell	104 S. Harbor City Blvd.	Melbourne, FL 32901
REINSTATEMENT 2001-02			

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

TIM YANDELL