

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L00000005354**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
02 NOV 21 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000005354

**1. Limited Liability Company's Name**

STEALTH INDUSTRIES, U.S., L.L.C.

9/28/01

**2. Principal Office Address**

1001 APOLLO BEACH BLVD.

Suite, Apt. #, etc.

SUITE 5

City & State

APOLLO BEACH, FLORIDA

Zip

33572

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

5/10/2000

**6. FEI Number**

59-3666177

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

TERENCE J. DALY

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

14502 N. DALL MARRY HIGHWAY

Suite, Apt. #, Etc.

SUITE 200

City

TALLAHASSEE

State

FL

Zip Code

33618

**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

*Terence J. Daly*

REGISTERED AGENT MUST SIGN

Date 11/11/02

**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	DANA L. NEER	1001 APOLLO BEACH BLVD. SUITE 5	APOLLO BEACH, FLORIDA 33572

**REINSTATEMENT** 2001-2002  
MK

**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

*Dana Neer*

Date 11-15-02

Daytime Phone (313) 645-7702

Typed or printed name of signing Managing Member/Manager

DANA L. NEER, MANAGER

CR2E041 (9/01)