

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 30 AM 8:53

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L00000005354

1. Limited Liability Company's Name

Stealth Industries, U.S., L.L.C.

2. Principal Office Address

349 Apollo Beach Blvd.

Suite, Apt. #, etc.

Suite 606

City & State

Apollo Beach, FL

Zip

33572

Country

USA

3. Mailing Office Address

349 Apollo Beach Blvd.

Suite, Apt. #, etc.

Suite 606

City & State

Apollo Beach, FL

Zip

33572

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/10/2000

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, if Applicable)

13336 N. CENTRAL AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

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

9/28/05

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	Dana L. Neer	349 Apollo Beach Blvd., Ste. 606	Apollo Beach, FL 33572

REINSTATEMENT 03-05

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10/14/05 01005 007 **255.00

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

9-28-05

Daytime Phone# (813) 431-4125

Typed or printed name of signing Managing Member/Manager

Dana L. Neer