

LOGUDD006445


PLEASE READ ALL INSTRUCTIONS BEFORE RE-REGISTERING THIS OR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*FR*

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Limited Liability Company's Name  LOCKAMERICA LLC			
2. Principal Office Address 2891 NW 22nd Terrace		3. Mailing Office Address 2891 NW 22nd Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33069	Country USA	Zip 33069	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 651023861	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name RALPH VELOCCI	
Street Address (P.O. Box Number is Not Acceptable) 5915 Ponce de Leon Blvd., Suite 60	
Suite, Apt. #, Etc.	
City Coral Gables	State FL
	Zip Code 33146

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 <i>Ralph Velocci</i>	Date
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mem	Arthur M. D'Onofrio	2891 N.W. 22 Terrace	Pompano Beach, FL 33069
Managing Mem	Ralph Velocci	2891 N.W. 22 Terrace	Pompano Beach, FL 33069
700044239537 01/06/05--01048--007 **50.00			
700044239537 01/06/05--01048--008 **150.00			
REINSTATEMENT 2003-2004			

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 <i>Ralph Velocci</i>	Date 12/22/04	Daytime Phone #
Typed or printed name of signing Managing Member/Manager Ralph Velocci		

CR2E041 (9/01)