

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED

2002 NOV 26 AM 11:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010508

1. Limited Liability Company's Name

NETWORK VERITAS LLC

2. Principal Office Address

9400 S. DADELAND BLVD

Suite, Apt. #, etc.

601

City & State

MIAMI, FLORIDA

Zip

33156

Country

U.S.

3. Mailing Office Address

9400 S. DADELAND BLVD

Suite, Apt. #, etc.

601

City & State

MIAMI, FLORIDA

Zip

33156

Country

U.S.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

ERIC KAPLAN

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

9400 S. DADELAND BLVD

Suite, Apt. #, Etc.

601

City

MIAMI

State

FL

Zip Code

33156

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 11/20/02

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
Manager	Ellen Kaplan	9400 S DADELAND BLVD	Miami Re. 33156

600003228766
11/26/02--01084--003 **150.00

REINSTATEMENT 2002

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 11/20/02 Daytime Phone # 305-670-0640

Typed or printed name of signing Managing Member/Manager

Ellen Kaplan