

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC
APPLICATION
FOR
REINSTATEMENT
UBR



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

FILED

RECEIVED 02 NOV 18 AM 10:36
OCT 22 2002
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010166

Name and Mailing Address

0002952 01 FP 0.352 **PRSR T9 0 0615 33178-297190



TRONEX INTERNATIONAL SECURITY OF MIAMI, LLC
9590 N.W. 40TH STREET ROAD
MIAMI FL 33178-2971



S02267900277
09/18/02 90054 046 \$50

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9590 N.W. 40TH STREET ROAD MIAMI FL 33178		5. Date Organized or Qualified To Do Business in Florida 06/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

~~LAWRENCE, TEIG
350 E. LAS OLAS BLVD.
SUITE 1440
FT. LAUDERDALE FL 33301~~

9. Name and Address of New Registered Agent

Name CRAIG ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
9590 NW 40TH ST. RD.
City MIAMI FL Zip Code 33178

10. 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

REGISTERED AGENT MUST SIGN

Date NOV-15-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROBINSON, CRAIG	9590 N.W. 40TH STREET ROAD	MIAMI FL 33178
MGRM	FLETCHER, GEORGE	9590 N.W. 40TH STREET ROAD	MIAMI FL 33178

12. 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 NOV-15-02 Daytime Phone # 629-1140

(305)

Typed or printed name of signing Managing Member/Manager