

## 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 \*\*PRSRT T9 0 0615 33178-297190



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



Sc2267900277  
091882 90054 046 \$50

CR2E084 (8/02)

## 2. New Mailing Address

City, State, Zip

## 4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/20/2001

## Principal Place of Business

9590 N.W. 40TH STREET ROAD  
MIAMI FL 33178

## 3. New Principal Place of Business Address

City, State, Zip

## 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

## 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

Date NOV-15-02 Daytime Phone # 629-1140

(305)