

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000015716

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 10:58

2/24/04

DOCUMENT # **L01000015716**

1. Limited Liability Company's Name
WINCHESTER ALARM SYSTEMS, LLC

REINSTATEMENT 2003-2004

900031356559
03/29/04--01096--001 **200.00

2. Principal Office Address
5130 COMMERCIAL DR.

Suite, Apt. #, etc.
SUITE H

City & State
MELBOURNE, FL

Zip
32940

Country
BREVARD

3. Mailing Office Address
5130 COMMERCIAL DR.

Suite, Apt. #, etc.
SUITE H

City & State
MELBOURNE, FL

Zip
32940

Country
BREVARD

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
9-13-01

6. FEI Number
59-3746313

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
MIKE CONN

Street Address (P.O. Box Number is Not Acceptable)
5130 COMMERCIAL DR.


Suite, Apt. #, Etc.
SUITE H

City
MELBOURNE

State
FL

Zip Code
32940

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.

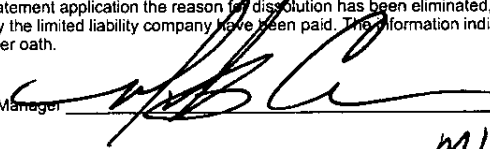
Signature of Registered Agent


REGISTERED AGENT MUST SIGN

Date
3-26-04

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
MGR, PRES	MIKE CONN	704 DANESBROOK WAY	MELBOURNE, FL 32940

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


Date
3-26-04

Daytime Phone#
321 752-8778

Typed or printed name of signing Managing Member/Manager
MIKE CONN, MGR/PRES.

CR2E041 (10/02)