
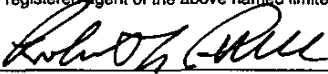
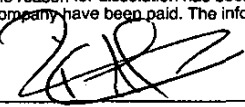


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L010000 20813			
1. Limited Liability Company's Name VENT-DEFENSE, LLC			
2. Principal Office Address 315 E. Ash St. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 719 Suite, Apt. #, etc.	
City & State Perry, FL Zip 32347 Country USA		City & State Perry, FL Zip 32348 Country USA	
4. State/Country of Formation FL / USA		5. Date Organized or Qualified To Do Business in Florida 12/03/01	
6. FEI Number 510420131		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Pierce, Robert A.		000075384400	
Street Address (P.O. Box Number is Not Acceptable) 227 South Calhoun St.		05/26/06 01059 017 ***200.00	
Suite, Apt. #, Etc.		000075384400	
City Tallahassee		05/26/06 01059 016 ***55.00	
State FL		Zip Code 32301	
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 		Date 10 May 2006	
REGISTERED AGENT MUST SIGN			
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
MGRM	AFSH, Khalil	7778 McClure Dr. Tallahassee, FL 32312	Tallahassee, FL 32312
MGRM	Johnson, Duane	5700 Frank Reeter Rd. Pensacola, FL 32526	Pensacola, FL 32526
MGRM	Johnson, Keith	5700 Frank Reeter Rd	Pensacola, FL 32526
REINSTATEMENT 2004-2006			
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 05/04/06 Daytime Phone # (850) 273-2882	
Typed or printed name of signing Managing Member/Manager		AFSH, Khalil	