

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008144

1. Limited Liability Company's Name

COMPUVANCE, LLC

2. Principal Office Address

957 S.W. 119TH PL

Suite, Apt. #, etc.

3. Mailing Office Address

957 S.W. 119TH PL

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33184

Country

DADE

Zip

33184

Country

DADE

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 4/5/02

6. FEI Number

01-0634651

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

ROBERT J JURJO

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

957 SW 119TH PLACE

Suite, Apt. #, Etc.

300038428683

06/29/04 01071 001 **200.00

City

MIAMI

State

FL

Zip Code

33184

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 6/18/04

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	ELIZABETH C. VANEGAS	957 S.W. 119 TH PLACE	MIAMI/FL/33184
MGR	ROBERT J. JURJO	957 S.W. 119 TH PLACE	MIAMI/FL/33184

REINSTATEMENT 2003-2004

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 6/18/04

Daytime Phone #

305-785-0795

Typed or printed name of signing Managing Member/Manager