

PLEASE READ ALL INFORMATION CAREFULLY BEFORE APPLYING TO FORM

102000027603

LIMITED LIABILITY COMPANY REINSTATEMENT



Secretary of State DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA 600029744256 10/13/03--01023--010 **150.00

DOCUMENT # L02000027603

1. Limited Liability Company's Name

VERY SMART SECURITY, LLC

2. Principal Office Address

2221 Lee Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 15 A

Suite, Apt. #, etc.

same

City & State

Winter Park, Florida

City & State

same

Zip

32789

Country

USA

Zip

same

Country

same

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified To Do Business in Florida

10/17/2002

6. FEI Number

13-4216434

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

Jack DuVall

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

12221 Lee Road.

Suite, Apt. #, Etc.

Suite 15A

City

Winter Park

State FL

Zip Code

32789

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

Jack DuVall

REGISTERED AGENT MUST SIGN

Date October 10, 2003

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
<i>MGR</i> Mgn	Robert F. Jarvis	2221 Lee Road	Winter Park, Fl. 32789
<i>MGR</i> Ex-Mgr	Kenneth N. Murphy	2221 Lee Road	Winter Park, Fl. 32789
<i>MGR</i> Mem	Jack E. DuVall	2221 Lee Road	Winter Paart, Fl.32789
<i>MGR</i> Mem	Barry Northup	2221 Lee Raod	Winter Park, Fl. 32789

REINSTATEMENT

JOB

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

Kenneth N. Murphy

Date October 10, 2003

Daytime Phone # 407-628-2900

Typed or printed name of signing Managing Member/Manager

Kenneth N. Murphy

CRZED4 (10/02)