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APPROVED
AND
FILED

03 OCT 22 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

CODE ACCESS SECURITY L.L.C.

2. Principal Office Address

6582 EUREKA SPRINGS ROAD

Suite, Apt., etc.

SUITE 125

City & State

TAMPA, FL

Zip

33610

Country

US

3. Mailing Office Address

Suite, Apt., etc.

City & State

SAME

Zip

33610

Country

US

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

11-7-02

6. FEI Number

77-0610573

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2003

8. Name and Address of Current Registered Agent

Name

DAVID C. MOBERG

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

6582 EUREKA SPRINGS ROAD

Suite, Apt., Etc.

City

TAMPA FL

State

FL

Zip Code

33610

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]

Date

10/13/03

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	MOBERG, DAVID, C	6582 EUREKA SPRINGS RD	TAMPA FL, 33610
MGRM	MOBERG, ROBERT C	6582 EUREKA SPRINGS RD	TAMPA FL, 33610
MGRM	MOBERG, MARK R	6582 EUREKA SPRINGS RD	TAMPA FL, 33610

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

10/13/03

Daytime Phone

(813) 626-1515

Typed or printed name of signing Managing Member/Manager

Robert C. MOBERG