

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000030915

Name and Mailing Address

0008283 01 AT 0.292 \*\*AUTO T1 0 0615 33309-204833



TRAXXIS GPS SOLUTIONS, LLC  
6555 NW 9TH AVENUE, SUITE 108  
FT. LAUDERDALE FL 33309-2048

FILED  
03 NOV 21 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



CR2E034 (7/03)

2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6555 NW 9TH AVENUE, SUITE 108 FT. LAUDERDALE FL 33309		5. Date Organized or Qualified To Do Business in Florida 11/18/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 02-0652913	
		Applied For 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  BEJERANO, ANDRES 6555 NW 9TH AVENUE, SUITE 108 FT. LAUDERDALE FL 33309		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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10. 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 REQUIRED** Date 11/12/03

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M. Bejerano	ANDRES BEJERANO	945 NE 118 ST	MIAMI, FL 33161
M. Vermillion	MICHAEL W. VERMILLION	4135 NW 1st Ct.	DELRAY BEACH, FL 33445
<b>REINSTATEMENT 2003</b> 100024923521 11/21/03--01033--014--**155.00 BK			

12. I certify that I am managing member/manager of 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 REQUIRED** Date 11/12/03 Daytime Phone # 305.778.9881

Typed or printed name of signing Manager/Member/Manager