

LO3000008474
READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 OCT 23 AM 10:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA BR 300081126143 CR2E041 (8/05)																													
DOCUMENT # 1. Limited Liability Company's Name PUBLIC SAFETY NETWORK, LLC 04																																	
2. Principal Office Address 511 SE 5th AVENUE Suite, Apt #, etc 2122 City & State Fort Lauderdale, FL Zip 33301 Country USA		3. Mailing Office Address 511 SE 5th AVENUE Suite, Apt #, etc 2122 City & State Fort Lauderdale, FL Zip 33301 Country USA		4. State/Country of Formation FLORIDA, USA 5. Date Organized or Qualified To Do Business in Florida 10-1-04 6. FEI Number 81-0622980 7. CERTIFICATE OF STATUS DESIRED ☐ 55.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent Name EDWARD ERICKSON Street Address (P O Box Number is Not Acceptable) 511 SE 5 AVENUE Suite, Apt #, Etc 2122 City FORT LAUDERDALE State FL Zip Code 33301																																	
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 Edul E... Date 10-20-06 REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Member/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MR</td><td>EDWARD ERICKSON</td><td>511 SE 5 AVENUE #2122</td><td>Fort Lauderdale, FL 33301</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MR	EDWARD ERICKSON	511 SE 5 AVENUE #2122	Fort Lauderdale, FL 33301																				
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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 Edul E... Date 10-20-06 Daytime Phone # 305-910-5655 Typed or printed name of signing Managing Member/Manager EDWARD ERICKSON																																	



CORPORATION SERVICE COMPANY

L03000008474

ACCOUNT NO. : 072100000032

REFERENCE : 540275 7554184

AUTHORIZATION :

COST LIMIT : \$250.00

FILED
06 OCT 23 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 19, 2006

ORDER TIME : 12:37 PM

ORDER NO. : 540275-005

CUSTOMER NO: 7554184

NR

DOMESTIC FILINGS

NAME: PUBLIC SAFETY NETWORK, LLC

RECEIVED
06 OCT 23 PM 2:56
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext# 2914

EXAMINER'S INITIALS _____