

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000033408			
1. Limited Liability Company's Name INFOSEC AMERICA LLC			
2. Principal Office Address - No P.O. Box # 100 NORTH BISCAYNE BLVD		3. Mailing Office Address 100 NORTH BISCAYNE BLVD	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 500	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33132	Country DADE	Zip 33132	Country DADE
4. State/Country of Formation FLORIDA/USA			
5. Date Organized or Qualified To Do Business in Florida 09/04/2003			
6. FEI Number 55-0845378			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent Name JADE ASSOCIATES MIAMI		<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable) 100 NORTH BISCAYNE BLVD			
Suite, Apt. #, Etc. 500			
City MIAMI	State FL		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent Date 11/20/2008 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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	CHRISTOPHE ROUSSEAU	100 NORTH BISCAYNE BLVD #500	MIAMI, FL 33132
MGRM	JEAN DENIS SALA	100 NORTH BISCAYNE BLVD #500	MIAMI, FL 33132
<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 2007.2008 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> DIVISION OF CORPORATIONS 08 DEC - 2 PM 12:00 </div> </div>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 Date 11/20/2008 Daytime Phone # 305-579-0220 Typed or printed name of signing Managing Member/Manager CHRISTOPHE ROUSSEAU			