

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L03000040511

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -3 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000040511

1. Limited Liability Company's Name

OWL DIGITAL SECURITY, LLC.

2. Principal Office Address

17701 BISCAYNE BLVD.

Suite, Apt. #, etc.

3RD FLOOR

City & State

AVENTURA

Zip

33160

Country

DADE

3. Mailing Office Address

17701 BISCAYNE BLVD.

Suite, Apt. #, etc.

3RD FLOOR

City & State

AVENTURA

Zip

33160

Country

DADE

4. State/Country of Formation

FLORIDA BROWARD

5. Date Organized or Qualified
To Do Business in Florida

10/22/03

6. FEI Number

62-2414517

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

POSPISCHEL, GUSTAVO A.

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

17701 BISCAYNE BLVD.

Suite, Apt. #, Etc.

3RD FLOOR

City

AVENTURA

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date 2/23/05

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	POSPISCHEL, GUSTAVO A.	17701 BISCAYNE BLVD. 3F	AVENTURA, FL 33160
MGRM	GIANGASPERO, JUAN P.	17701 BISCAYNE BLVD. 3F	AVENTURA, FL 33160
MGRM	KACHLER, ARIE	17701 BISCAYNE BLVD. 3F	AVENTURA, FL 33160

REINSTATEMENT

2004-2005
800047932558
03/08/05--01031--007 **150.00

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

Date

2/23/05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

POSPISCHEL, GUSTAVO A.