

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 PM 3:59

DOCUMENT # L03000053748

1. Limited Liability Company's Name

Network Systems Integrated LLC

100106817231
07/27/07--01027--011 **200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
12732 Black Angus Dr.

3. Mailing Office Address
12732 Black Angus Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32226

Country
USA

Zip
32226

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **12/16/2003**

6. FEI Number

☒ 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
Malcolm Hogan

Street Address (P.O. Box Number is Not Acceptable)
12732 Black Angus Dr.

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32226

☒ 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.

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 **06/27/07**

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 |
|-----------|--------------------------------------|---|---------------------------|
| C.E.O | Malcolm Hogan | 12732 Black Angus Dr. | Jacksonville / FL / 32226 |
| President | Lloyd Tobias | 410 After Glow Summit | Canton / GA / 30114 |
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REINSTATEMENT

2004 - 2007

FF \$200
RF N/A

RLT

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 **06/27/07**

Daytime Phone# **904-868-7628**

Typed or printed name of signing Managing Member/Manager **Malcolm Hogan**