

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  
06 SEP 11 AM 10:44

DOCUMENT # LD 400000 5335

**1. Limited Liability Company's Name**

Triton Electronics Systems

**2. Principal Office Address**

415 E Bay St.

Suite, Apt. #, etc.

City & State

Perry FL

Zip

32348

Country

Taylor

**3. Mailing Office Address**

PO Box 416

Suite, Apt. #, etc.

City & State

Perry FL

Zip

32348

Country

Taylor

CR2E041 (8/05)

**4. State/Country of Formation**

Taylor

**5. Date Organized or Qualified  
To Do Business in Florida**

01/27/2004

**6. FEI Number**

80-8300913

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

Thomas Marsh Wilkes

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

415 E Bay St

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

**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

Thomas Marsh Wilkes

Date

8-31-06

REGISTERED AGENT MUST SIGN

**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
<u>mgr</u>	<u>Thomas Marsh Wilkes</u>	<u>415 E Bay St</u>	<u>Perry FL 32348</u>
<u>mgr</u>	<u>Debra J Wilkes</u>	<u>415 E Bay St</u>	<u>Perry FL 32348</u>

**REINSTATEMENT** 05-06

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09/15/06--01039--007 \*\*200.00

**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

Thomas Marsh Wilkes

Date

8-31-06

Daytime Phone #

850-584-3671

Typed or printed name of signing Managing Member/Manager