

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
STATE FORM
DIVISION OF CORPORATION

09 OCT -6 PM 12: 05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000020524

1. Limited Liability Company's Name

Vento Security Holdings, LLC

600161334506
10/05/09--01054--020 **560.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3802 Georgia Ave

3. Mailing Office Address

8090 Amsterdam Court

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Gainesville, VA

Zip

33405

Country

USA

Zip

20155

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 3/16/2004

6. FEI Number

200875442

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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

Mark Brislman

Mark Brislman
Vice President and Assistant Secretary

Date 9/28/2009

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
Mgr	Gerald T. Vento	3802 Georgia Ave, Suite 101	West Palm Beach, FL 33405

REINSTATEMENT 2007-09 834

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

Gerald T. Vento

Date 9-30-09 Daytime Phone# 561-282-8957

Typed or printed name of signing Managing Member/Manager Gerald T. Vento