

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LOG000033794

1. Limited Liability Company's Name

AMERICA'S SECURITY NETWORK LLC

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

3505 NW 113 CT

Suite, Apt. #, etc.

3. Mailing Office Address

3505 NW 113 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

US

Zip

33178

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/30/2006

6. FEI Number

20-4583693

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

MARTIN KALKAS

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

245 SE 1<sup>st</sup> ST

Suite, Apt. #, Etc.

STE 225

City

MIAMI

State

FL

Zip Code

33131

☒ 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

*[Signature]*

Date

5/14/10

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	FRANCISCO CESARE	RUA SOLDADO ANTONIO MARTINS, 49	RIO DE JANEIRO, RJ BRAZIL 22640
MGR	MARCUS TADEU CESARE	RUA SOLDADO ANTONIO MARTINS, 49	RIO DE JANEIRO, RJ BRAZIL 22640
MGR	MARCIA CESARE	RUA SOLDADO ANTONIO MARTINS, 49	RIO DE JANEIRO, RJ BRAZIL 22640
MGR	MARCO CESARE	RUA SOLDADO ANTONIO MARTINS, 49	RIO DE JANEIRO, RJ BRAZIL 22640

REINSTATEMENT 2007-10 <sup>JB</sup>

11. E-mail Address

(To be used for future annual report notifications)

12. 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

*[Signature]*

Date

5/14/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager