


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 30 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L06000064652 | | | |  | |
| 1. Entity Name ADVANTAGE K-9 INSPECTIONS, LLC | | | | | |
| Principal Place of Business 3 BOUGAINVILLEA DR. COCOA BEACH, FL 32931 US | | | Mailing Address 3 BOUGAINVILLEA DR. COCOA BEACH, FL 32931 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 26-0871546 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent MILLER, STEVEN F 104 SW PEACOCK BLVD. #101 PORT ST. LUCIE, FL 34986 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Steven F Miller</u> STEVEN F MILLER <u>OCTOBER 15, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, STEVEN F 104 SW PEACOCK BLVD PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, STEVEN F 3 BOUGAINVILLEA DR. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, DAVID M 104 SW PEACOCK BLVD. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, DAVID M 3 BOUGAINVILLEA DR. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700110973457 10/19/07--01003--005 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Steven F Miller</u> STEVEN F MILLER <u>10/15/07</u> (780) 271-1460 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |

REINSTATEMENT 2007