

LD6000099201

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

LD6-99201

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

Marksman Security Schools, LLC

9/14/07

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

2201 Griffin Road

Suite, Apt. #, etc.

**City & State**

Fort Lauderdale

**Zip**

33312

**Country**

USA

**3. Mailing Office Address**

2201 Griffin Road

Suite, Apt. #, etc.

**City & State**

Fort Lauderdale

**Zip**

33312

**Country**

USA

**8. Name and Address of Current Registered Agent**

Name  
Ezekiel A. Kaufman

Street Address (P.O. Box Number is Not Acceptable)  
2201 Griffin Road

Suite, Apt. #, Etc.

City  
Fort Lauderdale

State  
FL

Zip Code  
33312

**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]*  
REGISTERED AGENT MUST SIGN

Date **March 23, 2009**

**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
MGRM	Ezekiel A. Kaufman	2201 Griffin Road	Fort Lauderdale, FL 33312
MGRM	Mark E. Radi	2201 Griffin Road	Fort Lauderdale, FL 33312

**REINSTATEMENT 2007-2009**

Without Penalty nc 4/1/09

**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

*[Signature]*

Date **3/23/09**

Daytime Phone # **954.964.6704**

Typed or printed name of signing Managing Member/Manager **Ezekiel A. Kaufman**

FILED  
09 MAR 30 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**4. State/Country of Formation**  
Florida, U.S.

**5. Date Organized or Qualified  
To Do Business in Florida** 10/09/2006

**6. FEI Number**

☒ Applied For  
☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐ \$5.00 Additional Fee required for a Certificate of Status

☒ 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.