

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV -6 PM 12:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000117501

1. Entity Name
SECURITY ARMS INTERNATIONAL, LLC



Principal Place of Business
12169 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156 US

Mailing Address
6800 SW 40TH STREET
#237
MIAMI, FL 33155 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

10192007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-8010246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTEGA, LUIS
6476 SW 25TH TERRACE
MIAMI, FL 33155

12169 South Dixie Highway
Miami, FL
33156

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

Luis E. Ortega

(NOTE: Registered Agent signature required when reinstating)

DATE

10/26/07

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

TITLE MGR ☐ Delete
NAME ORTEGA, LUIS
STREET ADDRESS 6476 SW 25TH TERRACE
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 600112130596
STREET ADDRESS 11/08/07--01051--030 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Luis E. Ortega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/26/07

305.2986337

REINSTATEMENT