

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000065144

**FILED**  
**Dec 17, 2011**  
**Secretary of State**

**Entity Name:** NIMS TACTICAL SIMULATIONS, LLC

**Current Principal Place of Business:**

3045 S. HWY A1A  
UNIT #301  
MELBOURNE BEACH, FL 32951 US

**New Principal Place of Business:**

115 HICKORY STREET  
SUITE 202  
MELBOURNE, FL 32904 US

**Current Mailing Address:**

3045 S. HWY A1A  
UNIT #301  
MELBOURNE BEACH, FL 32951 US

**New Mailing Address:**

115 HICKORY STREET  
SUITE 202  
MELBOURNE, FL 32904 US

**FEI Number:** 26-0394873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MURPHY, JAMES E  
3045 S. HWY A1A  
UNIT #301  
MELBOURNE BEACH, FL 32951 US

**Name and Address of New Registered Agent:**

MURPHY, JAMES E  
3045 S. HWY A1A  
301  
MELBOURNE BEACH, FL 32951 US

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.

SIGNATURE: JAMES E. MURPHY

12/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: MURPHY, JIM  
Address: 115 HICKORY STREET #202  
City-St-Zip: MELBOURNE, FL 32904 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E. MURPHY

PRES

12/17/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date