

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 APR 12 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 108000020366

1. Limited Liability Company's Name

SKYNET ELECTRONICS L.L.C.

900201539219  
04/13/11--01002--017 \*\*238.75

CR2E041 (1/11)

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

13921 SW 171st

Suite, Apt. #, etc.

n/a

3. Mailing Office Address

13921 SW 171st

Suite, Apt. #, etc.

n/a

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33177

Country

USA

Zip

33177

Country

USA

4. State/Country of Formation

MIAMI, FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/28/08

6. FEI Number

41-2275233

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

FRANCISCO A RAMIREZ

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

13921 SW 171st

Suite, Apt. #, Etc.

n/a

City

MIAMI

State

FL

Zip Code

33177

E-mail Address:

FRAMIREZ@skynetelectronics.com

(To be used for future annual report notices)

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

Francisco A Ramirez  
REGISTERED AGENT MUST SIGN

Date

4/11/11

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
MRS	FRANCISCO RAMIREZ	13921 SW 171st	MIAMI FL 33177
MRS	YAHIA A RAMIREZ	13921 SW 171st	MIAMI FL 33177

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Francisco A Ramirez

Date

4/11/11

Daytime Phone

(305) 975-6791

Typed or printed name of signing Managing Member/Manager