2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# L08000090660

Entity Name: ONSITE MOBILE FINGERPRINTING & DRUG TESTING SERVICES, LLC

Current Principal Place of Business:

120 DARNELL AVENUE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

120 DARNELL AVENUE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONZOLE, LORI
120 DARNELL AVENUE
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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: LORI CONZOLE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: CONZOLE, LORI
Address: 120 DARNELL AVENUE
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: GALATI, GARY
Address: 3312 KIMBERLY OAKS DR
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY GALATI VP 09/28/2009

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