

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000103281

1. Limited Liability Company's Name

SAFEGIDE NETWORKS LLC

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

452 Osceola St.

Suite, Apt. #, etc.

Suite 212

City & State

Altamonte Springs, FL

Zip

327001

Country

USA

3. Mailing Office Address

633 Brookfield Pl.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

4. State/Country of Formation

FL, (USA)

5. Date Organized or Qualified
To Do Business in Florida

11-2009

6. FEI Number

271193208

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

JASON MOSS

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

633 Brookfield Pl.

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code

32712

E-mail Address:

j.moss@yahoo.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

Date 9-8-2011

REGISTERED AGENT MUST SIGN

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
MEM	JASON MOSS	633 Brookfield Pl.	Apopka, FL 32712

REINSTATEMENT 10-11

DB

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

Date

9-8-2011

Daytime Phone #

407-558-0304

Typed or printed name of signing Managing Member/Manager