FILED

15 APR 23 PM 3:46 1052

FILING OFFICER STATE OF FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000124002

1. Limited Liability Company's Name
Vector Labs, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1982 Sykes Creek Dr.	1982 Sykes Creek Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32953 Country: USA	Zip: 32953 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 12/02/2010

6. FEI Number: 46-0906950 ☐ 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: Baughan, Scott M.

Street Address (P.O. Box Number is Not Acceptable) Suite,: 895 Barton Blvd

Apt. #, Etc.: Suite B

City: Rockledge State: FL Zip Code: 32955

APR 23 2015

L. SELLERS

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: April 23, 2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Gayles, Richard	1982 Sykes Creek Dr. Merritt Island, FL 32953	

REINSTATEMENT 2014-2016

11. E-mail Address: richardgaylee@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: _____ Date: 4-23-15 Daytime Phone #: (321)403-3045

Typed or printed name of signing authorized representative/member: JAMES H. FALLACO ESQ attorney

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

2082

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000099728 3)))

H15000099728ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : FALLACE & LARKIN, L.C.
Account Number : I20000000191
Phone : (321)951-9900
Fax Number : (321)724-6002

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: richardgayles@gmail.com

LIMITED LIABILITY REINSTATEMENT
VECTOR LABS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

RECEIVED
15 APR 23 PM 3:05
FALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help