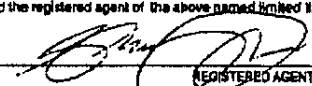
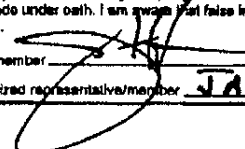


FILED

15 APR 23 PM 3:46

1062

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 # 1982 Sykes Creek Dr. Suite, Apt. #, etc.			3. Mailing Office Address 1982 Sykes Creek Dr. Suite, Apt. #, etc.		
City & State Merritt Island, FL			City & State Merritt Island, FL		
Zip 32953	Country USA	Zip 32953	Country USA	4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 12/02/2010				6. FEI Number 46-0905950	
7. CERTIFICATE OF STATUS DEEBED ☒ \$5.00 Additional Fee required for a certificate of status.				Applied For ☒ Not Applicable	
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					
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  Date <u>April 23, 2015</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGRM	Gayles, Richard	1982 Sykes Creek Dr. Merritt Island, FL 32953			
REINSTATEMENT 2014-2015					
11. E-mail Address: <u>richardgayles@gmail.com</u> (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 <u>4-23-15</u> Daytime Phone # <u>(321)403-3045</u>					
Typed or printed name of signing authorized representative/member <u>JAMES H. FALLACE ESQ attorney</u>					

Division of Corporations

H15000099728 3

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2012

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)))



H150000997283ABCB

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
TALLAHASSEE, FLORIDA