

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000007816

1. Limited Liability Company's Name

Ameriguard Negotiations, LLC

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

7960 Baymeadows Way

Suite, Apt. #, etc.

101

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/18/2011

6. FEI Number

35-2372622

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

Greenspoon Marder P.A. c/o Robby Birnbaum, Esq.

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

100 W. Cypress Creek Rd.

Suite, Apt. #, Etc.

700

City

Fort Lauderdale

State

FL

Zip Code

33309

E-mail Address:

800241284338

10/29/12--01045--011 **238.75

(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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/24/12

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
	Ameriguard, LLC	7960 Baymeadows Way Suite 101	Jacksonville, FL 32256

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 608.408, 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.817.156, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

10/23/12

Daytime Phone #

904 338 3487

Typed or printed name of signing Managing Member/Manager