

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 AUG 23 AM 8:34

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000129697

1. Limited Liability Company's Name

ISECURE TECHNOLOGIES LLC

2. Principal Office Address - No P.O. Box #
4909 N. US HIGHWAY 1

3. Mailing Office Address
4909 N. US HIGHWAY 1

Suite, Apt. #, etc.
STE. 17

Suite, Apt. #, etc.
STE. 17

City & State
COCOA, FL

City & State
COCOA, FL

Zip Country
32927 USA

Zip Country
32927 USA

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 11/14/2011

6. FEI Number
45-3804470

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
ANGEL ECHEVARRIA

Street Address (P.O. Box Number is Not Acceptable) Suite,
4909 N. US HIGHWAY

Apt. #, Etc
STE. 17

City State Zip Code
COCOA FL 32927

000289427610
08/23/16--01036--020 **655.00

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

Angel Echevarria

Date 8/17/16

REGISTERED AGENT MUST SIGN

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
MGR	ANGEL ECHEVARRIA	4909 N. US HIGHWAY 1, STE. 17	COCOA, FL 32927

REINSTATEMENT

2013-2016

11. E-mail Address angel@isecuretechnologies.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

Angel Echevarria
ANGEL ECHEVARRIA

Date

Daytime Phone #

(321)735-0288

Typed or printed name of signing authorized representative/member