

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 30 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000071621

1. Limited Liability Company's Name

AD Security Training LLC

REINSTATEMENT

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2008 RIVERSIDE AVE		3. Mailing Office Address 2008 RIVERSIDE AVE	
Suite, Apt. #, etc. suite 305		Suite, Apt. #, etc. suite 305	
City & State JACKSONVILLE, Florida		City & State JACKSONVILLE, Florida	
Zip 32204	Country USA	Zip 32204	Country USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/25/12

6. FEI Number

46 0804585

☐ 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 SANCHEZ, Denis		
Street Address (P.O. Box Number is Not Acceptable) 10010 Belle Rive Blvd #502		
Suite, Apt. #, Etc. 502		
City JACKSONVILLE	State FL	Zip Code 32256

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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

Denis Sanchez

REGISTERED AGENT MUST SIGN

Date 1/28/14

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	SANCHEZ, Denis	10010 Belle Rive Blvd #502	JACKSONVILLE, FL 32256
MGR	SANCHEZ, ANA GLORIA	10010 Belle Rive Blvd #502	JACKSONVILLE, FL 32256

JAN 30 2014

C. CARROTHERS

11. E-mail Address:

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Denis Sanchez

Date 1/28/14

Daytime Phone (904) 874-5196

Typed or printed name of signing Authorized Representative/Manager

DENIS SANCHEZ