

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2020 JUL -1 AM 8:20

REINSTATEMENT

DOCUMENT # L1300043926

1. Limited Liability Company's Name

Zone Security LLC

600347445776  
07/01/20-01022-005 44230.75

600347445776

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <u>6200 NW 2nd Place</u>		3. Mailing Office Address <u>6200 NW 2nd Place</u>	
Suite, Apt. #, etc. <u>Apt #1</u>		Suite, Apt. #, etc. <u>Apt #1</u>	
City & State <u>Miami FL</u>		City & State <u>Miami FL</u>	
Zip <u>33150</u>	Country <u>United States</u>	Zip <u>33150</u>	Country <u>United States</u>

4. State/Country of Formation <u>Florida United States</u>	
5. Date Organized or Qualified To Do Business in Florida <u>10-11-2013</u>	
6. FEI Number <u>46-3872258</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8 Name and Address of Current Registered Agent

Name <u>Norman Blackshear</u>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <u>6200 NW 2nd Place</u>			
Apt. #, Etc. <u>Apt #1</u>			
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33150</u>	

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 [Signature] Date 6-26-2020  
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
AR	Norman Blackshear	6200 NW 2nd Place	Miami FL 33150

T MOORE  
JUL 03 2020

11. E-mail Address: NBlackshear22@yahoo.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 [Signature] Date 6-26-20 Daytime Phone # 305-992-3156