PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -6 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000324

1. Limited Liability Company's Name
REAL SAFE HOLDING, L.C.

10/14/99

2. Principal Office Address	3. Mailing Office Address
Post Office Box 12651	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, Florida	City & State
Zip: 33733 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/15/1994

6. FEI Number: 593268428 ☐ 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: ESPEN TANDBERG

Street Address (P.O. Box Number is Not Acceptable): 111 Jardin Lane

Suite, Apt. #, Etc.

City: Winter Haven State: FL Zip Code: 33884

200040083445
08/11/04--01037--002 **250.00
200040083445
08/11/04--01037--003 **150.00

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 _____ Date 7-27-04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	RAFAEL ORDONEZ	1775 NW 70th Avenue	Miami, FL 33126
MGR	ESPEN TANDBERG	111 Jardin Lane	Winter Haven, FL 33884

REINSTATEMENT 1999-2004

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 608.406, 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.

Signature of Managing Member/Manager _____ Date 7-27-04 Daytime Phone # (813) 521-8314

Typed or printed name of signing Managing Member/Manager _____