

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 20 PM 1:20

DOCUMENT #

L96-390

1. Limited Liability Company's Name

EAGLE LOCK SA, d.c.

10/17/97

2. Principal Office Address

7350 S. TAMiami TR, #210

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34231

Country

SARASOTA

3. Mailing Office Address

7350 S. TAMiami TR

Suite, Apt. #, etc.

# 210

City & State

SARASOTA, FL

Zip

34231

Country

SARASOTA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

4/3/96

6. FEI Number

171-98-5044

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$35.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HAROLD O. MILLER

800004045468

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

7350 S. TAMiami TR

Suite, Apt. #, Etc.

# 210

City

SARASOTA

State

FL

Zip Code

34231

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 4-12-01

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
MANG. MEM	Harold O. Miller	7350 S. TAMiami TR # 210	SARASOTA, FL 34231

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

*[Signature]*

Date

4-18-01

Daytime Phone #

941/9663964

Typed or printed name of signing Managing Member/Manager