PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -7 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L98000000177

1. Limited Liability Company's Name
METRO SECURITY SERVICES, LC

1999-2002

| 2. Principal Office Address | 3. Mailing Office Address | 4. State/Country of Formation |
|---|---|---|
| 5665 NW 29th Street | P O Box 190162 | Florida |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Date Organized or Qualified To Do Business in Florida: 2/12/98 |
| City & State: Margate, FL | City & State: Ft. Lauderdale, FL | 6. FEI Number: 06-1480624 ☐ Applied For ☐ Not Applicable |
| Zip: 33063 Country: | Zip: 33319 Country: Broward | 7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status |

**8. Name and Address of Current Registered Agent**

Name: Otra King
Street Address (P.O. Box Number is Not Acceptable): 1713 NW 71st Ave
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33313

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: Otra King Date: 9/6/02
REGISTERED AGENT MUST SIGN

CR2E041 (01/01)

**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 |
|---|---|---|---|
| MGRM | Otra King | 1713 NW 71st Ave | Plantation, FL 33313 |
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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: Otra King Date: 9/6/02 Daytime Phone #: 954-935-9698

Typed or printed name of signing Managing Member/Manager: Otra King