

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 FEB 24 PM 4:49

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000005293**

1. Limited Liability Company's Name

DEFSOURCES INTERNATIONAL LC

2. Principal Office Address

P.O. BOX 362

Suite, Apt. #, etc.

ROAD TOWN

City & State

TORTOLA

Zip

Country

BVI

3. Mailing Office Address

1333 N DUVAL ST.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

Country

32302

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

FLORIDA FILING & SEARCH SERVICES, INC.

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

1333 N DUVAL ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32302

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

*Obbie Hodge*  
REGISTERED AGENT MUST SIGN

Date

2/24/05

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	Sterling Managers Limited	P.O.Box 362, Road Town	Tortola, BVI
			700047246737
			REINSTATEMENT 2003-05

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

*Janet M. Caruccio*

Date

2-24-05

Daytime Phone #

302-421-5750

Typed or printed name of signing Managing Member/Manager

Janet M. Caruccio, attorney-in-fact for manager

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**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303**  
**PHONE: (800) 435-9371 FAX: (866) 860-8395**

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DATE: 02-24-05

NAME: DEFSOURCES INTERNATIONAL, LC

TYPE OF FILING: REINSTATEMENT

COST: \$250

RETURN:

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAUL HODGE

*Abbie Hodge*