

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

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

02 OCT 30 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # M01000000333**

**1. Limited Liability Company's Name**

Sentinel Offender Services, LLC

**2. Principal Office Address**

220 Technology Drive

Suite, Apt. #, etc.

Suite 200

City & State

Irvine, California

Zip

92618

Country

USA

**3. Mailing Office Address**

220 Technology Drive

Suite, Apt. #, etc.

Suite 200

City & State

Irvine, California

Zip

92618

Country

USA

**4. State/Country of Formation**

Delaware, USA

**5. Date Organized or Qualified  
To Do Business in Florida** 2/9/01

**6. FEI Number**

33-0929945

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Connie Beyer*

Date

REGISTERED AGENT MUST SIGN

**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	Robert A. Contestabile	220 Technology Drive, Ste. 200	Irvine, California 92618
			100008843031 11/07/02--01004--011 **\$5.00

**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

*Robert A. Contestabile*

Date 10/24/02

Daytime Phone# (949) 453-1550

Typed or printed name of signing Managing Member/Manager

Robert A. Contestabile, Managing Member

MJH

10/30 2002

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11/07/02--01004--011 \*\*\$5.00

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