

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

MO1000002822

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 17 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MO1000002822

1. Limited Liability Company's Name

NATIONWIDE SECURITY, LLC

2. Principal Office Address

7130 SOUTH OBT.

Suite, Apt. #, etc.

Swt 210

City & State

ORLANDO, FL

Zip

32809

Country

U.S.A.

3. Mailing Office Address

81 WELBY RD.

Suite, Apt. #, etc.

City & State

NEW BEDFORD, MA

Zip

02745

Country

BRISTOL

4. State/Country of Formation

DEL.

5. Date Organized or Qualified To Do Business in Florida

12-18-01

6. FEI Number

223-68-1779

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

SAMSON KIM.

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

12107 POPPY FIELD LN.

Suite, Apt. #, Etc.

Swt. 110

City

ORLANDO

State

FL

Zip Code

32837

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

7/16/03

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	JASJIT S. GOTRA.	1257 CHURCH ST.	NEW BEDFORD, MA. 02745

REINSTATEMENT

2002-2003

(SR) (CUS)

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

7/16/03

Daytime Phone #

508-989-8450

Typed or printed name of signing Managing Member/Manager

JASJIT S. GOTRA.

CR2E041 (10/02)