Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000052238 3)))

H10000052238 3ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2010 MAR -8 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RECEIVED
10 MAR -8 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: slogan@staplic.com

LIMITED LIABILITY REINSTATEMENT

VERQUIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 MAR -8 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # M02000000077

1. Limited Liability Company's Name
Verquis LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1212 N. Post Oak Rd	Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 100	
City & State	City & State
Houston, Texas	
Zip / Country	Zip / Country
77055 / USA	

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 1-3-02

6. FEI Number: 65-0746106 ☐ 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Stephanie Allison Date: 3-5-10
REGISTERED AGENT MUST SIGN
Stephanie Allison
Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Sole Member	Satellite Tracking of People LLC	1212 N. Post Oak Rd	Houston, Texas 77055
		REINSTATEMENT	09-10
			QE 3-9-10

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 608.405, 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: 3/5/10 Daytime Phone #: 8325539501

Typed or printed name of signing Managing Member/Manager: Steve W. Logan, CEO of sole member