M04000002546

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 NOV -5 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300112011723

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M04000002546

1. Limited Liability Company's Name

SecureSolutions, LLC

2. Principal Office Address - No P O Box #		**3.** Mailing Office Address	
561 E Mitchell Hammock Road		561 E Mitchell Hammock Road	
Suite, Apt #, etc		Suite, Apt #, etc	
#300		#300	
City & State		City & State	
Oviedo, FL		Oviedo, FL	
Zip	Country	Zip	Country
32765	Seminole	32765	Seminole

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: June 28, 2004

6. FEI Number: 20-1076208 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P O Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt #, Etc:

City: TALLAHASSEE | State: FL | Zip Code: 32301

☒ 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: Sue G. Knight as its agent — Date: 10-31-2007

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
Mgr	James E. Pitts	561 E Mitchell Hammock Rd #300	Oviedo, FL 32765
Mgr	Eric D. Pittman	561 E Mitchell Hammock Rd #300	Oviedo, FL 32765

REINSTATEMENT 2007

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: Eric D. Pittman — Date: 10/30/07 — Daytime Phone #: 888-877-9411 x106

Typed or printed name of signing Managing Member/Manager: Eric D. Pittman, Manager

CSC.
CORPORATION SERVICE COMPANY

M04000002546

ACCOUNT NO. : 072100000032

REFERENCE : 297012 7505389

AUTHORIZATION :

COST LIMIT : $ 55.00

FILED
07 NOV -5 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 NOV -5 PM 2:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : October 31, 2007

ORDER TIME : 1:04 PM

ORDER NO. : 297012-005

CUSTOMER NO: 7505389

REINSTATEMENT

NAME: SECURESOLUTIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____