PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAY -3 PM 12: 19

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000006406

1. Limited Liability Company's Name
PTS OF AMERICA, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
517 Hickory Hills Blvd.		P.O. BOX 171078	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Whites Creek, TN		NASHVILLE, TN	
Zip	Country	Zip	Country
37189		37217	

CR2E041 (1/14)

4. State/Country of Formation
TN

5. Date Organized or Qualified To Do Business in Florida 10/26/2007

6. FEI Number 57-1183449 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

000312980450

REINSTATEMENT
2017-2018

8. Name and Address of Current Registered Agent

Name
COGENCY GLOBAL INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
115 North Calhoun St. Suite 4

Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 5/2/2018
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manage	Joel Brasfield	517 Hickory Hills Blvd.	Whites Creek, TN 37189
Presider	Joel Brasfield	517 Hickory Hills Blvd.	Whites Creek, TN 37189

11. E-mail Address: TCheek@prisonertransport.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 5/2/2018 Daytime Phone # 615-352-9798

Typed or printed name of signing authorized representative/member Joel Brasfield

COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **5/3/2018**

Name: **Chris Vick**

Reference #: **M100193**

Entity Name: **PTS OF AMERICA, LLC**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☑ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitous Name
- ☐ Other _____

Authorized Amount: $ 377.50

Signature: _____

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