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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2015 - 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M13000000025

1. Limited Liability Company's Name
SECURE-24, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
26955 Northwestern Hwy, Ste. 200	26955 Northwestern Hwy, Ste. 200
Suite, Apt. #, etc.: Ste. 200	Suite, Apt. #, etc.: Ste. 200
City & State: Southfield, MI	City & State: Southfield, MI
Zip: 48033 Country: USA	Zip: 48033 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/31/2012

6. FEI Number: 38-3630952 ☐ 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: C T 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 605, F.S.

Signature of Registered Agent: C T Corporation System By: Michael Seraphin Asst. Secretary Date: 9/11/2017

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
CEO	Michael Jennings	26955 Northwestern Hwy, Ste. 200	Southfield, MI 48033
MBR	Matthias Horch	26955 Northwestern Hwy, Ste. 200	Southfield, MI 48033
MBR	Scott B. Perper	26955 Northwestern Hwy, Ste. 200	Southfield, MI 48033
MBR	Scott R. Stevens	26955 Northwestern Hwy, Ste. 200	Southfield, MI 48033
MBR	Volker Straub	26955 Northwestern Hwy, Ste. 200	Southfield, MI 48033
MGR	Secure-24 Intermediate Holdings, Inc.	26955 Northwestern Hwy, Ste. 200	Southfield, MI 48033

11. E-mail Address: LegalTeam@Secure-24.com
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Thomas Anderson Date: 09/11/2017 Daytime Phone #:

Typed or printed name of signing Authorized Representative/Manager: Thomas Anderson Attorney-in-fact

K. ASHTON

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

SECURE-24, LLC

Certificate of Status	1
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