

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M96000000448

1. Limited Liability Company's Name

Securicor New Century, LLC

REINSTATEMENT 2000

2. Principal Office Address

9609 Gayton Road

Suite, Apt. #, etc.

Suite 100

City & State

Richmond, VA

Zip
23233

Country
USA

3. Mailing Office Address

9609 Gayton Road

Suite, Apt. #, etc.

Suite 100

City & State

Richmond, VA

Zip
23233

Country
USA

4. State/Country of Formation
Virginia/USA

5. Date Organized or Qualified
To Do Business in Florida

6/21/1996

6. FEI Number

54-1859903

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nancy Linnan

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

215 South Monroe Street

Suite, Apt. #, Etc.

Suite 500

City

Tallahassee

State
FL

Zip Code
32301

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

Nancy Linnan

REGISTERED AGENT MUST SIGN

Date 10/18/00

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 MMBR	Gail Y. Browne	9609 Gayton Road, Suite 100	Richmond, VA 23233
MGR MMBR	John L. Morgenthau	2092 Cynthia Drive	Tallahassee, FL 32303
MGR MBR	Fiona Walters	Sutton Park House 15 Carshalton Road	Sutton, Surrey SM1 4LD UK
MGR MBR	David Beaton	Sutton Park House 15 Carshalton Road	Sutton, Surrey SM1 4LD UK
MGR MBR	Jim Brennan	207 King Street	Columbia, SC 29205
MGR MBR	Diane McClure	9621 Crabtree Falls Highway	Tyro, VA 22976

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

Gail Y. Browne

Date 10/16/00

Daytime Phone # 804-754-1100

Typed or printed name of signing Managing Member/Manager

Gail Y. Browne

CR2E041 (9/99)