PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 OCT 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 200

DOCUMENT # M96000000448

1. Limited Liability Company's Name
Securicor New Century, LLC

2. Principal Office Address		**3.** Mailing Office Address	
9609 Gayton Road		9609 Gayton Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 100		Suite 100	
City & State		City & State	
Richmond, VA		Richmond, VA	
Zip	Country	Zip	Country
23233	USA	23233	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 [X] $5.00 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

400004661524--7
-10/31/01--01075--009
****150.00 ****150.00

Suite, Apt. #, Etc.
Suite 500

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 608, F.S.

Signature of Registered Agent Nancy L Linnan Date 10/22/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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

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 10/15/01 Daytime Phone # 804-754-1100

Typed or printed name of signing Managing Member/Manager Gail Y. Browne