

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 16 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

TRAC, LLC dba POS-TRAC, LLC

2. Principal Office Address

8456 Holly Leaf Drive

Suite, Apt. #, etc.

City & State

McLean, VA

Zip

22102

Country

USA

3. Mailing Office Address

P.O. Box 9521

Suite, Apt. #, etc.

City & State

McLean, VA

Zip

22102

Country

USA

4. State/Country of Formation

Virginia

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

54-1875495

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

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

Evelyn Wright

Date 3/12/03

Evelyn Wright/Authorized Representative

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	Henry R. Nichols	8456 Holly Leaf Drive	McLean, VA 22102

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

Henry R. Nichols

Date

3/6/03

Daytime Phone #

703-356-4107

Typed or printed name of signing Managing Member/Manager

Henry R. Nichols, Manager/President

CR2E041 (10/02)