APPROVED
AND
FILED

02 FEB 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M99000014108

REINSTATEMENT 2001-2002

1. Limited Liability Company's Name

PUBLIC SAFETY MANAGEMENT, L.C.

2. Principal Office Address	3. Mailing Office Address
2633 McMormick Drive	
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State
Zip: 33759 Country: U.S.	Zip Country

4. State/Country of Formation: OHIO

5. Date Organized or Qualified To Do Business in Florida: 9/16/99

6. FEI Number: 593505231 ☐ 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: Timothy Fenlon

Street Address (P.O. Box Number is Not Acceptable): 2633 McMormick Drive

Suite, Apt. #, Etc.: Suite 102

City: Clearwater State: FL Zip Code: 33759

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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: Timothy P. Fenlon Agent Date: 2/18/02

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
MGRM	Robert Lachey	318 W. Fourth St.	Dayton, OH 45402
MGR	Timothy Fenlon	2633 McCormick Dr.	Clearwater, FL 33759
MGRM	Mark Swindon	7215 Taylorsville Rd.	Huber Heights, OH 45424
MGRM	Peter Haaland	518 W. Linden St.	Louisville, CO 80027
MGRM	David Winchester	15 Glen Eagles Dr.	Larchmont NY 10538

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: Timothy P. Fenlon Date: 2/18/02 Daytime Phone #: (727) 791-4737

Typed or printed name of signing Managing Member/Manager: Manager