

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 DEC 28 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001513

1. Limited Liability Company's Name

Instashred Security Services, LLC

REINSTATEMENT 2000

2. Principal Office Address

2675 Pomona Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2675 Pomona Blvd

Suite, Apt. #, etc.

City & State

Pomona, Calif

Zip

91768

Country

USA

City & State

Pomona, Calif

Zip

91768

Country

USA

4. State/Country of Formation

California

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

95-4744625

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

Herrera, Raul % Instashred Security Services, LLC

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

3301 SW 13th Avenue

Suite, Apt. #, Etc.

100003524601-5

-01/05/01-01025-011

*****150.00 *****150.00

City

Ft. Lauderdale

State

FL

Zip Code

33315

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

Raul Herrera

REGISTERED AGENT MUST SIGN

Date

12/14/00

10. Names and Street Addresses of Managing Members/Managers

Titles		Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	100003524601-5 -01/05/01-01025-012 *****5.00 *****5.00
MGR	Rabinovitch, Issie		4675 Macarthur Ct, Ste 1590	Newport Beach, CA 92660
MGR	Poore, G. Russell		1110 Burlingame Ave, Ste 200	Burlingame, CA 94010
MGR	Thorne, Don		4675 Macarthur Ct., Ste 1590	Newport Beach, CA 94010
MGR	Clements, Jordan		111 East Broadway, Ste 1080	Salt Lake City, UT 84111

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

G. Russell Poore

Date

12/23/00

Daytime Phone #

650-342-2693

Typed or printed name of signing Managing Member/Manager

G. Russell Poore

CR2E041 (9/00)