

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 APR 29 AM 11:45

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001789

1. Limited Liability Company's Name

Electronic Tracking Systems, LLC

2. Principal Office Address

2545 Tarpley Rd

Suite, Apt. #, etc.

Carrollton, TX

City & State

Zip

75006

Country

USA

3. Mailing Office Address

2545 Tarpley Rd

Suite, Apt. #, etc.

Carrollton, TX

City & State

Zip

75006

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

11/2/99

6. FEI Number

75-2844563

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

Jacqueline N. Casper

Jacqueline N. Casper, Asst. VP

Date 04/05/04

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Jon Gergen	2545 Tarpley Rd	Carrollton, TX 75006
EXEC VP	JAMES VAN CLEAVE	2545 Tarpley Rd	Carrollton, TX 75006
CFO	Barbara Kent	2545 Tarpley Rd	Carrollton, TX 75006

**REINSTATEMENT** 2000-04

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

Barbara Kent

Date

4/15/04

Daytime Phone #

469-574-2026

Typed or printed name of signing Managing Member/Manager

Barbara Kent

CR2EDM1 (10/02)