L02000009020

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 13 AM 11:01

01/23/04

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DOCUMENT # L02000009020

1. Limited Liability Company's Name
FIRST DIGITAL ENABLER, LLC

REINSTATEMENT 2003 - 2004

2. Principal Office Address	**3.** Mailing Office Address
169 E FLAGLER STREET	169 E FLAGLER STREET
Suite, Apt. #, etc.: SUITE 1534	Suite, Apt. #, etc.: SUITE 1534
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country:	Zip: 33131 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 04/16/2002

6. FEI Number: 46-0478893 ☐ 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: GERMAN PUGLIESE BASSI

Street Address (P.O. Box Number is Not Acceptable): 169 E FLAGLER STREET

Suite, Apt. #, Etc.: SUITE 1534

City: MIAMI State: FL Zip Code: 33131

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: [signature] REGISTERED AGENT MUST SIGN Date: 01/07/04

CR2E041 (10/02)

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	GERMAN PUGLIESE BASSI	169 E FLAGLER STREET	MIAMI, FL 33131
	REINSTATEMENT	2003 - 2004	

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: [signature] Date: 01/07/04 Daytime Phone #: 305-357-8109

Typed or printed name of signing Managing Member/Manager: GERMAN PUGLIESE BASSI