

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**REINSTATEMENT 2001**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

DOCUMENT #

L-15491 01 OCT 18 PM 12:17

1. Limited Liability Company's Name

DIGITAL ADVANTAGE LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

Unit C-2  
6701 Plantation Rd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Unit C-2

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

Country

Zip

Country

32504

USA

32

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

12/28/00

6. FEI Number

593686194

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

Lorraine D. Esser

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

1417 Bayou Blvd.

700004649877-3

-10/23/01--01037--022

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

Lorraine D. Esser

REGISTERED AGENT MUST SIGN

Date 10/15/01

**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
VP	Steven M. Weeks	1417 Bayou Blvd.	Pensacola, FL 32503
Ples (MGR)	Lorraine D. Esser	1417 Bayou Blvd.	Pensacola, FL 32503

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

Lorraine D. Esser

Date 10/15/01

Daytime Phone #

850-474-3711

Typed or printed name of signing Managing Member/Manager

Lorraine D. ESSER