

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300:12
9-26-03

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:20

DOCUMENT # 100000015441

1. Limited Liability Company's Name

Digital Advantage, LLC

2. Principal Office Address Unit C2

6707 Plantation Rd.

Suite, Apt. #, etc.

C-2

City & State

Pensacola

Zip

32504

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

32504

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1/2001

6. FEI Number

59-3686194

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 ESSER

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

1417 Bayou Blvd.

Suite, Apt. #, Etc.

City

Pensacola

000078468500

08/08/06 01032-001 **50.00

800078468608

08/08/06 01032-002 **250.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/11/06

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
Pres	LORRAINE ESSER	1417 Bayou Blvd.	Pensacola, FL 32503
Vpres	Steven Weeks	" "	" "
/			

REINSTATEMENT 03-06

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 7/11/06

Daytime Phone # 850-232-5558

Typed or printed name of signing Managing Member/Manager