

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000015592

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 19 PM 4:13																	
DOCUMENT # L-15592																					
1. Limited Liability Company's Name Digital Legal Services L00000015592 9/28/01																					
2. Principal Office Address 28 West Central Blvd Suite, Apt. #, etc. 410 City & State Orlando FL Zip 32801		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 12/15/00 6. FEI Number 59-3686416 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																	
8. Name and Address of Current Registered Agent Name <u>Bruce Conchebos</u> Street Address (P.O. Box Number is Not Acceptable) <u>28 West Central Blvd</u> Suite, Apt. #, Etc. <u>Ste 410</u> City <u>Orlando</u> State <u>FL</u> Zip Code <u>32801</u>																					
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 <u>[Signature]</u> Date <u>10/30/01</u> REGISTERED AGENT MUST SIGN																					
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Bruce Conchebos</td> <td>1053 Providence Ln</td> <td>Orlando FL 32765</td> </tr> <tr> <td>MGR</td> <td>Bruce Duff</td> <td>5 Wineberry Dr</td> <td>Hickory DE 19707</td> </tr> <tr> <td colspan="4" style="height: 100px; vertical-align: bottom;"> <div style="text-align: center;"> REINSTATEMENT 2001 <div style="display: flex; justify-content: space-between; align-items: center;"> <div> Rm 100 OBR 50 150 nc </div> </div> </div> </td> </tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Bruce Conchebos	1053 Providence Ln	Orlando FL 32765	MGR	Bruce Duff	5 Wineberry Dr	Hickory DE 19707	<div style="text-align: center;"> REINSTATEMENT 2001 <div style="display: flex; justify-content: space-between; align-items: center;"> <div> Rm 100 OBR 50 150 nc </div> </div> </div>			
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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 <u>[Signature]</u> Date <u>10/30/01</u> Daytime Phone # <u>407-635-0155</u> Typed or printed name of signing Managing Member/Manager <u>Bruce M Conchebos</u>																					

CR2E041 (9/01)