

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

1. DOCUMENT # L00000015592

Name and Mailing Address

0003394 01 AT 0.292 **AUTO T5 0 0615 32801-246699



DIGITAL LEGAL SERVICES, LLC
28 WEST CENTRAL BLVD.
SUITE 410
ORLANDO FL 32801-2466

03 DEC -2 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 28 WEST CENTRAL BLVD. SUITE 410 ORLANDO FL 32801		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida 12/15/2000		6. FEI Number 59-3686416	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
8. Name and Address of Current Registered Agent CONCHELOS, BRUCE M 28 WEST CENTRAL BLVD., SUITE 410 ORLANDO FL 32801		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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>BML</u> SIGNATURE REQUIRED Date <u>11/21/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CONCHELOS, BRUCE	28 EST CENTRAL BLVD., SUITE 410	ORLANDO FL 32801
800025164198 12/02/03 --01061--004 **155.00			
REINSTATEMENT 2003			
12/10/03			

12. 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 REQUIRED

Date

11/21/03

Daytime Phone #

407. 835. 0155

Typed or printed name of signing Managing Member/Manager