

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L01000002614

1. Limited Liability Company's Name

DIGITAL GUYS, LLC

800106977558
07/31/07--01022--006 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1128 42nd Ave NE

3. Mailing Office Address
PO Box 55337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg

City & State
St. Petersburg

Zip
FL

Country
33703

Zip
FL

Country
33732

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **02/20/01**

6. FEI Number
59-3705445

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
Steven H. Grant

Street Address (P.O. Box Number is Not Acceptable)
1128 42nd Avenue NE

Suite, Apt. #, Etc.

City
St. Petersburg

State
FL

Zip Code
33703

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date **7/21/07**

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
MGR	Steven H. Grant	1128 42nd Ave NE	St. Petersburg, FL 33703
MGR	George Matz	7343 Sawgrass Point Dr	Pinellas Park, FL 33782
MGR	Gerry Chastelet	713 Cullenmore Hill Dr	Weldon Spring MO 63304

REINSTATEMENT

2005-2007

BLT

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

Date **7/21/07**

Daytime Phone # **727-898-4176**

Typed or printed name of signing Managing Member/Manager **Steven H. Grant, Manager**