

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenn E. Hogg  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

03 NOV 24 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002614

Name and Mailing Address

0009987 01 AT 0,292 \*\*AUTO T6 0 0615 33732-553737



DIGITAL GUYS, LLC  
P.O. BOX 55537  
ST. PETERSBURG FL 33732-5537

**REINSTATEMENT**



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/19/2001	
Principal Place of Business 1128 - 42ND AVENUE NE ST. PETERSBURG FL 33703	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3705445	Applied For Not Applicable
8. Name and Address of Current Registered Agent BRONSTEIN, JOEL D 150 SECOND AVE. NORTH, STE. 1100 ST. PETERSBURG FL 33701		9. Name and Address of New Registered Agent Name: Steven H. Grant Street Address (P.O. Box Number is Not Acceptable): 1128 - 42nd Avenue NE City: St. Petersburg FL Zip Code: 33703	
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: <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date: 11-18-03 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
MGR	GRANT, STEVEN H	PO BOX 55337	ST. PETERSBURG FL 33732-5337
MGR	MATZ, GEORGE	7343 SAWGRASS POINT DRIVE	PINELLAS PARK FL 33782
MGR	CHASTELET, GERRY	PO BOX 55300	ST. PETERSBURG FL 33732-5300
300024975163 11/24/03--01048--004 **150.00 <i>[Signature]</i>			

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]* **SIGNATURE REQUIRED**

Date 11/14/03

Daytime Phone # 727.898.4176

Typed or printed name of signing Managing Member/Manager

Steven H. Grant

CR2E034 (7/03)