

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP 21 PM 12:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005954

1. Limited Liability Company's Name

EmailMaestro.com, LLC

400040580914
08/27/04--01041--001 **155.00

2. Principal Office Address

1000 E. Robinson St.

Suite, Apt. #, etc.

Suite A

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

1000 E. Robinson St.

Suite, Apt. #, etc.

Suite A

City & State

Orlando, FL

Zip

32801

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

04/17/2001

6. FEI Number

651095348

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

Nicholas B. Foley

09/23/04--01054--001 **50.00

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

10110 S. Fulton Ct

09/23/04--01054--001 **50.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

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]

Date

8/24/04

REGISTERED AGENT MUST SIGN

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	Nicholas Foley	1000 E. Robinson St., Ste A	Orlando, FL 32801

REINSTATEMENT 2003-04

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

8/24/04

Daytime Phone #

407-839-0190

Typed or printed name of signing Managing Member/Manager

Nicholas B. Foley