

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010375

Name and Mailing Address

0010085 01 FP 0.352 **PRST H6 0 0615 33483-330930



DIGITALARROW LLC
1730 S. FEDERAL WHY., STE. 116
DELRAY BEACH FL 33483-3309



2. New Mailing Address

140 NE 4th Avenue, Suite C

City, State, Zip

Delray Bch, FL 33483

Principal Place of Business

1730 S. FEDERAL WHY., STE. 116
DELRAY BEACH FL 33483

3. New Principal Place of Business Address

140 NE 4th Ave, Ste C

City, State, Zip

Delray Beach, FL 33483

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/26/2001

6. FEI Number

65-1117644

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

KRETSCHMAR, ERIK
1730 S. FEDERAL WHY., STE. 116
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

Erik Kretschmar

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

140 NE 4th Avenue, Suite C

City

Delray Beach

FL

Zip Code

33483

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

Date

10/25/02

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
MR	Erik Kretschmar	755 Doherty Rd, 1103 Delray Bch, FL 33444	Delray Bch, FL 33444

100008717301
10/31/02--01014--012 **150.00

REINSTATEMENT 2002

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

Date

10/25/02

Daytime Phone #

561-330-9800

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)