L01000010392

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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1. Limited Liability Company's Name
REINSTATEMENT 2002-2003

Digital Solutions One LLC

2. Principal Office Address	3. Mailing Office Address
719 Florida BLVD	719 Florida BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL.	City & State: Altamonte Springs FL.
Zip: 32771 Country: USA	Zip: 32771 Country: USA

4. State/Country of Formation: FL. / USA

5. Date Organized or Qualified To Do Business in Florida: 6/26/2001

6. FEI Number: 593728810 ☐ 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: Karl Richburg

Street Address (P.O. Box Number is Not Acceptable): 719 Florida BLVD.

Suite, Apt. #, Etc.:

City: Altamonte Springs | State: FL | Zip Code: 32771

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: 01/03/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Karl Richburg	719 Florida BLVD	Altamonte Springs, FL. 32771
~~MGR~~ MGR	Michael Hinson	870 Lk. Como Dr	Lakemary FL. 32746
	REINSTATEMENT	2002-2003	

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: 01/03/03 Daytime Phone # 407-923-3857

Typed or printed name of signing Managing Member/Manager: Karl W. Richburg