

FROM :

FAX NO. : 4144765901

Jun. 29 2004 04:35PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 12 PM 12:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 101000012442

1. Limited Liability Company's Name

AQUA DIGITAL, LLC

67.54

200040144502
08/12/04--01075--001 **250.00

8/12

2. Principal Office Address

847 FORESTERIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

STAMPE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

Zip

33414

Country

USA

Zip

Country

4. State/Country of Formation

PALM BEACH CTY, FL

5. Date Organized or Qualified
To Do Business in Florida

3 AUG 2001

6. FEI Number

043697843

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee is required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MELISSA K. RICE

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

1900 MAIN ST.

Suite, Apt. #, Etc.

300

City

SARASOTA

State

FL

Zip Code

34236

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

Date

8/9/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	ROBERT C. WILSON	847 FORESTERIA AVE	WELLINGTON FL 33414

REINSTATEMENT

2002
2003
2004

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

30 July 2004

Daytime Phone #

561-719-6054

Typed or printed name of signing Managing Member/Manager

R.C. Wilson

C025041 (1/03/02)