

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:31

DOCUMENT # L01000012942

1. Limited Liability Company's Name

AQUA DIGITAL, LLC

2. Principal Office Address

847 FORESTERIA AVE.

Suite, Apt. #, etc.

1154

City & State

WELLINGTON, FL

Zip

33414

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3 AUG 01

6. FEI Number

043697843

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

ROBERT C. WILSON

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

847 FORESTERIA AVE

Suite, Apt. #, Etc.

1154

City

WELLINGTON

State

FL

Zip Code

33414

000081389760

10/31/06--01053--023 \*\*100.00

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]

REGISTERED AGENT MUST SIGN

Date

26 Oct 06

10. Names and Street Addresses of Managing Members/Managers

Titles

MGR

Name of  
Managing Members/Managers

MGR

Street Address of Each  
Managing Member/Manager

City / State / Zip

MR ROBERT C. WILSON

SAME AS ABOVE

REINSTATEMENT

2005-06

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

26 Oct 06

Daytime Phone #

561-333-9139

Typed or printed name of signing Managing Member/Manager

**Aqua Digital, LLC**  
**847 Foresteria Avenue**  
**Wellington, Florida 33414**  
**561-333-9139**

26 October 2006

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

This is to request a waiver of the reinstatement fee. To the best of my knowledge, I didn't receive any of the requests for the annual filings. My attorney usually handled this, however, she left the reports undone because I guess I wasn't a big enough client. I didn't realize that my filing had been rendered inactive until I recently hired a new attorney and was informed at that point. I am sure that if I did indeed receive the notices, I would have promptly addressed the matter.

Your considerations are appreciated. Thank you in advance for your kindness.

Sincerely,



R.C. Wilson