

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR 16 AM 11:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015843

1. Limited Liability Company's Name

Discount Source Office Products LLC

200030584822
03/16/04--01106--026 **200.00

2. Principal Office Address

1001 Starkey Rd.

Suite, Apt. #, etc.

#339

City & State

Largo FL

Zip

33771

Country

United States

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/14/01

6. FEI Number

593744586

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

Raymond J. Lugo

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

1001 Starkey Rd.

Suite, Apt. #, Etc.

#339

City

LARGO

State

FL

Zip Code

33771

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

3/2/04

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
MGRM	Raymond J. Lugo	1001 Starkey Rd. #339	Largo FL 33771
MGRM	DAVID C. NEAL	1001 Starkey Rd. #339	Largo FL 33771

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

3/2/04

Daytime Phone #

407-923-2310

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)