

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 DEC 27 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000022024

1. Limited Liability Company's Name

REMOTE DBA PLUS L.C.

REINSTATEMENT

2002

500009715935  
12/27/02--01047--008 \*\*150.00

500009715935

12/27/02--01047--008 \*\*150.00

2. Principal Office Address

8328 17th WAY NORTH

Suite, Apt. #, etc.

ST. PETERSBURG FLORIDA

City & State

ST. PETERSBURG FLORIDA

Zip

33702

Country

U.S.A

3. Mailing Office Address

25 MOUNTAIN VIEW AVE

Suite, Apt. #, etc.

City & State

AVON CT

Zip

06001

Country

U.S.A

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

Dec 18, 2001

6. FEI Number

26-0013967

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

SANDRA McFADDEN

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

8328 17th WAY NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State  
FL

Zip Code

33702

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

Sandra McFadden

REGISTERED AGENT MUST SIGN

Date 12/25/02

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
MANAGING MEMBER	(MGRM) Jeffrey Overstrom	25 MOUNTAIN VIEW AVE <del>AVON CT 06001</del>	AVON, CT. 06001
MANAGING MEMBER	(MGRM) ANDREW LYONS	500 COLD SPRING RD ES18	Rocky Hill, CT. 06067

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

MGRM Jeffrey Overstrom

Date 25 Dec 2002 Daytime Phone # 860-930-0753

Typed or printed name of signing Managing Member/Manager

JEFFREY OVERSTROM

CR2E041 (9/01)