

LO2000000/202

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -6 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # LO2000000/202

1. Limited Liability Company's Name

Dirigo Marketing LLC

2. Principal Office Address

14001 63rd Way N

Suite, Apt. #, etc.

3. Mailing Office Address

14001 63rd Way N.

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33760

Country

USA

City & State

Clearwater, FL

Zip

33760

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

1/16/02

6. FEI Number

30-0026628

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

A. Edward McGinty

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

Bank of America Plaza 101 E. Kennedy Blvd

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

10/3/03

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	Robert Poitras	14001 63rd Way N.	Clearwater, FL 33760
MGR	Scott G. Roix	14001 63rd Way N.	Clearwater, FL 33760
MGR	George Lufich	14001 63rd Way N.	Clearwater, FL 33760

REINSTATEMENT 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

*Robert Poitras*

Date

10/1/03

Daytime Phone #

727-533-8730

Typed or printed name of signing Managing Member/Manager

Robert Poitras

CR2E041 (10/02)