

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000006245

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

4 JUN 24 PM 3:40
L07/02/04

DOCUMENT # **L02000006245**

1. Limited Liability Company's Name

Digital Niche Marketing, L.L.C.

REINSTATEMENT

2003-
2004

2. Principal Office Address

1812 S. Hwy 77

Suite, Apt. #, etc.

115-119

City & State

Lynn Haven, FL

Zip

32444

Country

Bay

3. Mailing Office Address

1812 S. Hwy 77

Suite, Apt. #, etc.

115-119

City & State

Lynn Haven, FL

Zip

32444

Country

Bay

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Jan 2002

6. FEI Number

48-1285351

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

Kerry D. Farrar

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

1812 S. Hwy 77

Suite, Apt. #, Etc.

115-119

City

Lynn Haven

State

FL

Zip Code

32444

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

Kerry D. Farrar

REGISTERED AGENT MUST SIGN

Date **6-18-04**

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
My member Manager	Kerry D. Farrar	1812 S. Hwy 77 Ste 115-119 Lynn Haven, FL 32444	Lynn Haven, FL 32444

2003 - 2004

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06/23/04--01083--003 **200.00

REINSTATEMENT

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

Kerry D. Farrar

Date **6-18-04**

Daytime Phone # **850-271-3113**

Typed or printed name of signing Managing Member/Manager

Kerry D. Farrar