

REINSTATEMENT
L02000016057

DOCUMENT # L02000016057

1. Entity Name

CDNetBox, LLC



FILED

03 OCT -2 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000023671590

10/09/03--01070--004 **155.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12565 Research Parkway

3. Mailing Address

12565 Research Parkway

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number 01-0719720

☒ Applied For
☐ Not Applicable

Zip
32826

Country
USA

Zip
32826

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name William E. Sanders

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

324 Lakepark Trail

City Oviedo

FL

Zip Code
32765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

William E. Sanders

09-29-2003

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / William E. Sanders 324 Lakepark Trail Oviedo, FL-32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

William E. Sanders

09-29-2003 407-281-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

NEW ADDRESS

CR2E083B (12/02)