

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF  
STATE  
Secretary of State  
DIVISION OF CORPORATE FILINGS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600023972676

10/21/03--01081--001 \*\*150.00

DOCUMENT # L020000023508

1. Limited Liability Company's Name

Digital Coconut LLC

2. Principal Office Address

6406 67th Street East

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palmetto, FL 34221

City & State

Zip

34221

Country

USA

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

9/10/02

6. FEI Number

05-0555507

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

Dallas Dominiz Pavone

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

6406 67th Street East

Suite, Apt. #, Etc.

City

Palmetto FL 34221

State

FL

Zip Code

34221

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

Dallas D Pavone

Date 10-14-03

REGISTERED AGENT MUST SIGN

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	Dallas D. Pavone	6406 67th Street East	Palmetto FL 34221
Managing Member	Anthony J. Pavone	723 Sailfish Dr.	Brandon FL 33511

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

Dallas D Pavone

Date

10-14-03

Daytime Phone #

866 279 2985

Typed or printed name of signing Managing Member/Manager

Dallas Dominiz Pavone

CR2E041 (10/02)