

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 22 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029290

1. Limited Liability Company's Name  
Data Services LLC

600032013366  
04/06/04 01066 005 \$155.00

2. Principal Office Address  
4540 NW 107 Ave

Suite, Apt. #, etc.  
308

City & State  
Miami, Florida

Zip Country  
33178 USA

3. Mailing Office Address  
4540 NW 107 Ave

Suite, Apt. #, etc.  
308

City & State  
Miami, Florida

Zip Country  
33178 USA

4. State/Country of Formation  
United States

5. Date Organized or Qualified  
To Do Business in Florida 10/31/02

6. FEI Number 83-0345620

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  
Aaron Hume

Street Address (P.O. Box Number is Not Acceptable)  
4540 NW 107 Ave

Suite, Apt. #, Etc.  
308

City  
Miami

State Zip Code  
FL 33178

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  
REGISTERED AGENT MUST SIGN

Date 4/20/04

**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
Pres.	Aaron Hume	4540 NW 107 Ave	Miami/Florida/33178
			600032013366 05/11/04--01082--016 **\$5.00
		REINSTATEMENT	2003-2004

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  
Typed or printed name of signing Managing Member/Manager  
Date 4/20/04  
Daytime Phone # 305 532 2873  
Aaron Hume

CR2E041 (10/02)