

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000037197

1. Entity Name  
OPTIMUS, LLC



SECRET FILED  
DIVISION OF SKE  
100'S

06 FEB -8 AM 10:55

Principal Place of Business  
1607 U.S. HIGHWAY 90 EAST  
MADISON, FL 32340

Mailing Address

1607 U.S. HIGHWAY 90 EAST  
MADISON, FL 32340

2. Principal Place of Business  
1607 U.S. Hwy 90 East

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 157

Suite, Apt. #, etc.

City & State  
Madison, FL  
Zip 32340 Country US

City & State  
Madison, FL  
Zip 32341 Country US

01302006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
20-1147252

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DAVIS, JAMES B IV  
420 LAKE SHORE DR  
MADISON, FL 32340

## 7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

*James B Davis III*

(NOTE: Registered Agent signature required when reinstating)

1/30/06

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM James B Davis III 151 Se Lake Shore Dr Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Jacob Kinza Johnson 1607 us Hwy 90 East Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 600066207486 02/20/06--01049-029 *\$200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05/06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*James B Davis III* James B Davis III 1/30/06 8502514603

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

Date

Daytime Phone #