

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR 16 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000047665**

1. Limited Liability Company's Name

DJ'S Cable installations, LLC

200150699982
04/16/09--01044--016 **421.25
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

8817 Dunes CT-

Suite, Apt. #, etc.

101

City & State

Kissimmee FL

Zip

34747

Country

osceola

3. Mailing Office Address

131 Nevada Loop RD

Suite, Apt. #, etc.

131

City & State

DAVENPORT

Zip

33897

Country

Polk

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/26/2004

6. FEI Number

03-0544361

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

JCT Digital Solutions INC.

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

2849 Charmont DR.

Suite, Apt. #, Etc.

2849

City

APOPKA

State

FL

Zip Code

32703

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/13/09

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
MGEM	DAVID DESARDEN JR	131 Nevada Loop RD	DAVENPORT, FL, 33897

REINSTATEMENT

07-09
[Signature]

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

[Signature]

Date

04/14/09

Daytime Phone #

813-322-4435

Typed or printed name of signing Managing Member/Manager

DAVID DESARDEN JR