

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 24 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000053079

1. Limited Liability Company's Name

Proper EDigital, LLC

200138364892
12/02/08-01/09/09 **277.80

| | | | |
|---|------------------------|--|------------------------|
| 2. Principal Office Address - No P.O. Box # <u>1148 W 36th St.</u> | | 3. Mailing Office Address <u>1148 W 36th St</u> | |
| Suite, Apt. #, etc. <u>Riviera Beach</u> | | Suite, Apt. #, etc. <u>Riviera Beach</u> | |
| City & State <u>FL</u> | | City & State <u>FL</u> | |
| Zip <u>33404</u> | Country <u>U.S.</u> | Zip <u>33404</u> | Country <u>U.S.</u> |

| | |
|---|--|
| 4. State/Country of Formation <u>FL</u> | |
| 5. Date Organized or Qualified To Do Business in Florida | |
| 6. FEI Number <u>251917856</u> | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | |
|---|---|
| Name <u>Tahira Anderson</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>1148 W 36th St</u> | |
| Suite, Apt. #, Etc. | |
| City <u>Riviera Beach</u> | State <u>FL</u> Zip Code <u>33404</u> |

☒ 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 Tahira Anderson Date 11/21/08
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 |
|------------|-----------------------------------|--|--------------------------------|
| | <u>Shawn Bell</u> | | |
| <u>CEO</u> | <u>Tahira Anderson</u> | <u>1148 W 36th St., Riv. Beach</u> | <u>Riviera Beach, FL 33404</u> |
| | | | |
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REINSTATEMENT 2007-08

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 Tahira Anderson Date 11/21/08 Daytime Phone # 561-294-7290

Typed or printed name of signing Managing Member/Manager