

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 JAN 15 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000086021**

1. Limited Liability Company's Name

DIGITAL IMAGING GROUP LLC

700166325427
01/15/10--01039--004 **655.00

CR2E041 (11/09)

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

1728 CORPORATE DR

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33426

Country

USA

3. Mailing Office Address

1728 CORPORATE DR

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

Zip

33426

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

08/31/2006

6. FEI Number

20-5469647

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

DANIEL BARON

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

1728 CORPORATE DR

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

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

Daniel Baron

REGISTERED AGENT MUST SIGN

Date

01/06/2010

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
MGR	DANIEL BARON	1728 CORPORATE DR	BOYNTON BEACH FL 33426

JB

REINSTATEMENT 2007-10

11. E-mail Address: **DAN @ CARTOLITH.COM**

(To be used for future annual report notifications)

12. 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

Daniel Baron

Date

01/06/2010

Daytime Phone #

(561) 369-4200

Typed or printed name of signing Managing Member/Manager

DANIEL BARON, PRESIDENT THE CARTOLITH GROUP INC