

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0800002972Z

1. Limited Liability Company's Name

Digital Spectre LLC

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

117 S. Hyer Ave

Suite, Apt. #, etc.

3. Mailing Office Address

117 S. Hyer Ave

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

24 Mar 08

6. FEI Number

26-2305001

☐ 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

James Humann

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

117 S. Hyer Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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 23 Aug 10

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>Pres.</u>	<u>James Humann</u>	<u>117 S. Hyer Ave</u>	<u>Orlando FL 32801</u>

REINSTATEMENT 09-10 DB

11. E-mail Address: James.humann@me.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

Date 23 Aug 10

Daytime Phone # 407-497-5657

Typed or printed name of signing Managing Member/Manager