

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000018961

1. Limited Liability Company's Name

Datum Computing Systems LLL

W14000011000

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

4532 W Kennedy Blvd PO BOX 42

Suite, Apt. #, etc.

402

City & State

Tampa FL

Zip

33609

Country

USA

3. Mailing Office Address

PO BOX 42

Suite, Apt. #, etc.

NPR FL

City & State

NPR FL

Zip

34656

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

2/27/2009

6. FEI Number

80-0356836

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Kosmas Kezenides

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

4532 W Kennedy Blvd

Suite, Apt. #, Etc.

402

City

Tampa FL

State

FL

Zip Code

33609

700256934937

02/28/14--01038--018 **138.75

700256934937

02/19/14--01021--018 **655.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/12/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AK	Kos Kezenides	4532 W Kennedy Blvd	Tampa FL 33609

REINSTATEMENT

FEB 28 2014

R. HUNT

11. E-mail Address:

Kosmas@datumcomputingsystems.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

2/12/14

Daytime Phone #

727-251-0654

Typed or printed name of signing Authorized Representative/Manager

Kos Kezenides