

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 DEC -6 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # L09000086262

1. Limited Liability Company's Name
My Personal Datasafe LLC

700292994207

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **9/8/09**

6. FEI Number
27-0889844

Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

2. Principal Office Address - No P.O. Box #
906 Retriever Ave

3. Mailing Office Address
PO Box 6981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seffner FL

Seffner FL

Zip

Country

Zip

Country

33584

33583

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Courtney Williams
Asst. Vice President

Date **12.06.16**

REGISTERED AGENT MUST SIGN

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
Mgr	Jim Everett	193 Greene Avenue	Sayville, NY 11782
REINSTATEMENT			DEC 06 2016
			R. HUNT

11. E-mail Address: **jeverett@mypersonaldatasafe.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date **12/5/2016**

Daytime Phone # **845-629-4911**

Typed or printed name of signing authorized representative/member **Jim Everett**

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 391488 4301463
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : December 5, 2016

ORDER TIME : 9:19 AM

ORDER NO. : 391488-005

CUSTOMER NO: 4301463

DOMESTIC FILINGS

NAME: MY PERSONAL DATASAFE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS

DEC 06 2016

R. HUNT

RECEIVED
16 DEC -6 AM 11:11
SUFFICIENCY OF FILING