PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LII000030597

1. Limited Liability Company's Name

DirectDATA OF North Florida LCC

400269081824
02/03/15--01016--004 **541.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
24351 LANIER ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

City & State	City & State
TALLAHASSEE	FL.

6. FEI Number 45-0697168   ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country
32310	LEON	32310	USA

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: WILLIAM T. MAPOLES

Street Address (P.O. Box Number is Not Acceptable): 24351 LANIER ST

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32370

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 Feb 2015

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	WILLIAM T. MAPOLES	24351 LANIER ST	Tallahassee, FL 32310
		S. HAWKES	
		FEB - 3 A.M	
		EXAMINER	

11. E-mail Address: KG4LFT@COMCAST.NET
(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 3 Feb 2015   Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager _____