

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2014 OCT 22 P 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000025450

1. Limited Liability Company's Name

Difference Engine, LLC

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

23200 Whitney Pl

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

Zip

34639

Country

USA

3. Mailing Office Address

23200 Whitney Pl

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

Zip

34639

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

2/19/2013

6. FEI Number

46-2074322

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/14)

14

8. Name and Address of Current Registered Agent

Name

Michael Annucci

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

23200 Whitney Pl

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34639

REINSTATEMENT

400265808174  
10/24/14--01002--023 \*\*238.75

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

*Michael Annucci*

REGISTERED AGENT MUST SIGN

Date 10/17/2014

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
<del>MGR</del> AR	Michael Annucci	23200 Whitney Pl	Land O Lakes, FL 34639
<del>MGR</del> AR	Tara Cady	23200 Whitney Pl	Land O Lakes, FL 34637

B. BOSTICK

OCT 23 2014

11. E-mail Address: Michael.Annucci@gmail.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

*Michael Annucci*

Date 10/17/2014

Daytime Phone # 813 406-0772

Typed or printed name of signing Authorized Representative/Manager

Michael Annucci