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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN 30 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L13000173565
ENIGMA GLOBAL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
3000 GULF TO BAY BLVD.

3. Mailing Office Address
3000 GULF TO BAY BLVD.

Suite, Apt. #, etc.
SUITE 303

Suite, Apt. #, etc.
SUITE 303

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip Country
33759 USA

Zip Country
33759 USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida
DECEMBER 17, 2013

6. FEI Number
46-4775509

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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32301

400268958434

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 01.30.15

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.	ALVIN J. ESTEVEZ	220 ALBANY TURNPIKE #1039, APT 330	CANTON, CT 06019
MGR.	COLORADO STARK	12 ULITSA PATRIARH EVTIMI	PLOVDIV, BG, 4000 BG

11. E-mail Address: richard@enigmasoftware.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

Date JAN. 28, 2015 Daytime Phone # 888-360-0646 EXT 111

Typed or printed name of signing Authorized Representative/Manager ALVIN J. ESTEVEZ

R9 1/30/15

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ACCOUNT NO. : I20000000195

REFERENCE : 483941 4392335

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : January 30, 2015

ORDER TIME : 9:47 AM

ORDER NO. : 483941-005

CUSTOMER NO: 4392335

DOMESTIC FILINGS

NAME: ENIGMA GLOBAL, LLC

RECEIVED
DEPARTMENT OF STATE
OFFICE OF THE SECRETARY
15 JAN 30 AM 11:01
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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