


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|---|-----------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L9000002027 1. Limited Liability Company's Name dbEmpire LLC | | | |
| 2. Principal Office Address 3430 NW 133 STREET Suite, Apt. #, etc. City & State GAINESVILLE, FL Zip 32606-4738 Country ALACHUA | | 3. Mailing Office Address 3430 NW 133 STREET Suite, Apt. #, etc. City & State GAINESVILLE, FL Zip 32606-4738 Country ALACHUA | |
| 4. State/Country of Formation FLORIDA - ALACHUA | | 5. Date Organized or Qualified To Do Business in Florida Aug 1999 | |
| 6. FEI Number 59-3570146 | | Applied For Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$500 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent Name DOUGLAS McLEOD Street Address (P.O. Box Number is Not Acceptable) 3430 NW 133 STREET Suite, Apt. #, Etc. City GAINESVILLE, FLORIDA State FL Zip Code 32606-4738 | | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Douglas McLeod Date 22 December 2001 REGISTERED AGENT MUST SIGN | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | |
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| NGM | RON DEARINGER | 7078 NW 52 TERRACE | GAINESVILLE, FL 32653 |
| MGM | JAIIME CASTRO | 3020 NW 22 STREET | GAINESVILLE, FL 32605 |
| WGM | DOUGLAS McLEOD | 3430 NW 133 STREET | GAINESVILLE, FL 32606 |
| REINSTATEMENT | | | |
| 11. I certify that I am managing member/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 608.406, 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. Signature of Managing Member/Manager Douglas McLeod Date 12/22/2001 Daytime Phone # 352-846-1911 Typed or printed name of signing Managing Member/Manager DOUGLAS McLEOD | | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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