

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT -8 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072004 REIN-LLC CR2E101 (6/04)

4. FEI Number
59-3633968
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L99000002568

1. Entity Name
DIGITAL TECHNOLOGIES OF TAMPA, L.C.



Principal Place of Business
7350 PERIWINKLE DRIVE
SARASOTA, FL 34231
Mailing Address
7350 PERIWINKLE DRIVE
SARASOTA, FL 34231

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

COMPUTECH ACCOUNTING SYSTEMS, INC
11850 9TH STREET NORTH
SUITE 13114
SAINT PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name
F & L Corp.
Street Address (P.O. Box Number is Not Acceptable)
Suite 1300
One Independent Drive
City Jacksonville FL Zip Code 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/7/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
DARR, DALE E
STREET ADDRESS
7350 PERIWINKLE DRIVE
CITY-ST-ZIP
SARASOTA, FL 34231

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/7/04