

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT #**

1. Limited Liability Company's Name

ASM Digital, LLC

M99-634

*mf*

**REINSTATEMENT 2000**

**2. Principal Office Address**

6022 Victory Lane

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Harrisburg, NC

Zip

28075

Country

Cabarrus

City & State

Zip

Country

**4. State/Country of Formation**

North Carolina

**5. Date Organized or Qualified  
To Do Business in Florida**

April 28, 1999

**6. FEI Number**

56-2115908

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

Toren Peterson

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

3450 N. World Drive

Suite, Apt. #, Etc.

City

Lake Buena Vista

State

FL

Zip Code

32830

900003456449-3

-11/07/00--01144--002

\*\*\*\*150.00 \*\*\*\*150.00

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-27-00

**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
mGRM	Craig Boaden	6022 Victory Lane	Harrisburg, NC 28075
mGR	Steven Graham	6022 Victory Lane	Harrisburg, NC 28075

**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

*[Signature]*

Date 10-20-00

Daytime Phone # (704) 907 9575

Typed or printed name of signing Managing Member/Manager

Craig Boaden