

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013686

1. Corporation Name

LARUS DIGITAL INC.

2. Principal Office Address

36737 JEFFERSON AVE

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip

33523

Country

USA

3. Mailing Office Address

36737 JEFFERSON AVE

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip

33523

Country

USA

FILED

04 JAN 14 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600026972036
01/14/04--01068--005 **750.00

REINSTATEMENT *03*

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/05/2001

5. FEI Number

62-1797804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TED BULMANSKI

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

36737 JEFFERSON AVE

Suite, Apt. #, Etc.

City

DADE CITY

State

FL

Zip Code

33523

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ted Bulmansk

Date 01/13/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P/T/D	TED BULMANSKI	36737 JEFFERSON AVE	DADE CITY, FL 33523

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Ted Bulmansk

TED BULMANSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2004 813-713-2184

Date

Daytime Phone #

CR2E081 (10/02)

th