PLEASE READ ALL INSTRUCTIONS BEFORE ( FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** OCT 10 PM 2: 47 3000117515 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name DEGIGNS, INC. REINSTATEN CR2E081 (1/07) 4. Date incorporated or Qualified To Do Business in Florida Applied For Not Applicable Country 2 1 CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Tilles City / State / Zip Officers and/or Directors Miami F 33186 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 filling 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

" WILLIAMS