


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 20 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000054687

1. Corporation Name
DGD ELECTRONICS, INC

2. Principal Office Address - No P.O. Box # 6610 SW 70 LANE		3. Mailing Office Address 6610 SW 70 LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33143	Country USA	Zip 33143	Country USA

700181143177
05/20/10--01028--018 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida **04/17/2006**

5. FEI Number 22-3928849	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VITERI FINANCIAL CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
6721 SW 69 TERRACE

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33143
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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 *Dieter Gstrein* Date 4/21/2010

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
PRESIDENT	DIETRICH GSTREIN	6610 SW 70 LANE	MIAMI, FL 33143
VICE PRESIDENT	GAIL GOULDEN	6610 SW 70 LANE	MIAMI, FL 33143

10. E-mail Address: **DIETER@DGELECTRONICS.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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: *Dieter Gstrein* **DIETRICH GSTREIN** Date 04/19/10 Daytime Phone # 305 396 4503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/10