

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 19 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000048776**

1. Corporation Name

DIGITALREACH HOLDINGS, INC.

900004652689--4

-10/25/01--01028--016

***1058.75 ***1058.75

2. Principal Office Address
11845 W. OLYMPIC BLVD.

3. Mailing Office Address
11845 W. OLYMPIC BLVD.

Suite, Apt. #, etc.

SUITE 1140

Suite, Apt. #, etc.

SUITE 1140

City & State

LOS ANGELES CA.

City & State

LOS ANGELES CA

Zip

90064

Country

U.S.A.

Zip

90064

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 3, 1997

5. FEI Number
522262373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND

Suite, Apt. #, Etc.

N/A

City

PLANTATION

State

FL

Zip Code

90064

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

Connie Boyan

REGISTERED AGENT MUST SIGN

Connie Boyan, Special Asst. Secy.

Date **10-19-01**

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 |
|--------|--------------------------------------|---|-----------------------|
| P/D | CHRIS ALBORNOZ | 11845 W. OLYMPIC BL., STE 1140 | LOS ANGELES. CA 90064 |
| S | ROY RAYO | 11845 W. OLYMPIC BL., STE 1140 | LOS ANGELES CA 90064 |
| T/D | ALBERT QUIAMBAO | 11845 W. OLYMPIC BL., STE 1140 | LOS ANGELES CA 90064 |
| | N/A | | |
| | N/A | | |
| | N/A | | |

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:

Chris Albornoz

CHRIS ALBORNOZ

10/16/2001

(310) 477-7395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #