PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045831

1. Corporation Name
Digitpro Applications Group Inc.

REINSTATEMENT 00-04

2. Principal Office Address		**3.** Mailing Office Address	
1655 E. Semoran Blvd.		1655 E. Semoran Blvd	
Suite, Apt. #, etc. #15		Suite, Apt. #, etc. #15	
City & State Apopka, FL		City & State Apopka, FL	
Zip 32703	Country USA	Zip 32703	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5-21-98

5. FEI Number 650837308 — 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: Digit Pro Applications Group, Denny Rosendo - president

Street Address (P.O. Box Number is Not Acceptable): 1655 E. Semoran Blvd.

Suite, Apt. #, Etc.: #15

City: Apopka | State: FL | Zip Code: 32703

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: Denny R. Rosendo — REGISTERED AGENT MUST SIGN — Date 7-25-04

CR2E081 (01/04)

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	Denny R. Rosendo	2424 Piedmont Lakes Blvd.	Apopka, FL 32703

300039733983
07/30/04--01058--004 **758.75

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: Denny R. Rosendo — 7-25-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

July 25th, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Denny R. Rosendo
Digitpro Applications Group Inc.
1655 E. Semoran Blvd. #15
Apopka, FL 32703

RE: 650837308-Filing late fees

To Whom It May Concern:

I am enclosing a check for the "filing fees" I owe. Unfortunately, all mail correspondence was sent to the wrong address. This is the mailing address that I established when I first started the corporation: P.O. Box 527211 Miami, FL 33152
I would very much appreciate if any late fees/other fees are waived as a result of me not having access to mail correspondence.

Thank You,

Denny R. Rosendo
President