

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 29 PM 4: 21

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057689

1. Corporation Name

180 Digital Solutions, Inc.

2. Principal Office Address - No P.O. Box #

4905 34th St S

Suite, Apt. #, etc.

Suite 309

City & State

St. Petersburg, FL

Zip

33711-4511

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

29 MAR 2004

5. FEI Number

34-2014659

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

Michael Burke

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

4905 34th St S

Suite, Apt. #, Etc.

Suite 309

City

St. Petersburg, FL

State

FL

Zip Code

33711

☒ 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

*Michael Burke*  
REGISTERED AGENT MUST SIGN

Date October 24, 2008

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	Quentin Nordeen	4905 34th St S, Suite 309	St. Petersburg, FL 33711
V/D	Michael Burke	4905 34th St S, Suite 309	St. Petersburg, FL 33711

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quentin Nordeen

October 24, 2008

Date

727-490-7427

Daytime Phone #