

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 MAY -7 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006056

1. Corporation Name

Digital Exchange Systems, Inc.
550 North Reo Street, Suite #201
Tampa, FL 33609

[Handwritten Signature]

2. Principal Office Address

9051 Florida Mining Blvd.

Suite, Apt. #, etc.

#108

City & State

Tampa, FL

Zip

33634

Country

USA

3. Mailing Office Address

777 Terrace Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Hasbrook Heights, NJ

Zip

07604

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/00

5. FEI Number

593634502

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

Richard A. Jacobson

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

501 E. Kennedy Blvd., Ste. 1700

Suite, Apt. #, Etc.

Suite 1700

City

Tampa

State

FL

Zip Code

33602

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

[Handwritten Signature]

Date

4/7/03

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 |
|--------|--------------------------------------|--|--------------------|
| DP | Steven R. Schmidt | 9051 Florida Mining Blvd., Ste. 108; Tampa, FL 33634 | |
| ST | Mark Beckford | 777 Terrace Avenue, 2nd Floor Hasbrook Heights, NJ | |
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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:

[Handwritten Signature]

Mark Beckford, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02081 (10/02)