

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP -3 PM 3:56

DOCUMENT # F06000007696

1. Corporation Name

DIGIPAR, S.A. CORPORATION

2 Principal Office Address - No P.O. Box #  
c/o Garry Jonas, 2701 Boca Raton Blvd

Suite, Apt. #, etc.

Suite 111

City & State

Boca Raton, Florida

Zip Country

33431 USA

3 Mailing Office Address  
c/o Garry Jonas, 2701 Boca Raton Blvd

Suite, Apt. #, etc.

Suite 111

City & State

Boca Raton, Florida

Zip Country

33431 USA

900185051579  
09/03/10--01037--004 \*\*900.00

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/2006

5. FEI Number

980538723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**PROFIT CORPORATIONS ONLY**

☐ The \$600.00 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.

7. Name and Address of Current Registered Agent

Name BDB AGENT CO

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

5355 TOWN CENTER ROAD

Suite, Apt. #, Etc.

SUITE 900  
City BOCA RATON

State  
FL

Zip Code

33486

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8/31/10

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	Juan Montes	Avenida Samuel Lewis Edificio ADR-PISO 13	Obarrio Ciudad de Panama
VS	Ruben O. Serrano	Avenida Samuel Lewis Edificio ADR-PISO 13	Obarrio Ciudad de Panama
S	Luis Gomez	Avenida Samuel Lewis Edificio ADR-PISO 13	Obarrio Ciudad de Panama
T	Luz Quintanar	Avenida Samuel Lewis Edificio ADR-PISO 13	Obarrio Ciudad de Panama

10. E-mail Address: LPERKINS@BDBLAW.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
7/15/10

Date

Daytime Phone #