

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 12 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G69368

1. Corporation Name

DIGITAL MATRIX SYSTEMS, INC.

Principal Place of Business	Mailing Address
11890 SW 8TH ST SUITE 301 MIAMI FL 33184 US	11890 SW 8TH ST SUITE 301 MIAMI FL 33184 US
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	



REINSTATEMENT

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2. New Principal Office Address, If Applicable 1021 Adams Drive Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 1021 Adams Drive City & State Key Largo, FL Zip 33037 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10/05/1983 5. FEI Number 59-2405704 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Applied For <input type="checkbox"/> Not Applicable		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MIRANDA, HERMELO, JR.	13321 N.W. 1ST LANE	MIAMI FL
VS	NAVARRO, DARIO	1280 W. 4TH COURT	HIALEAH FL

400003514594--1
-12/27/00--01069--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MIRANDA, MELINDA 11890 SW 8TH ST SUITE 301 MIAMI FL 33184	Name Hermelo Miranda, Jr Street Address (P.O. Box Number is Not Acceptable) 1021 Adams Drive Suite, Apt. #, Etc. Key Largo City Key Largo State FL Zip Code 33037

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Date 10/31/2000

REGISTERED AGENT MUST SIGN

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 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: 10/31/2000 (305) 798-3452

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