PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L47356

1. Corporation Name

Digital MESSAGE SYSTEMS, Corp.

2. Principal Office Address
4725 N. LOIS
Suite, Apt. #, etc.

City & State
Tampa Fl

Zip 33614   Country U.S.

3. Mailing Office Address
4725 N. LOIS
Suite, Apt. #, etc.

City & State
Tampa Fl

Zip 33614   Country U

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida   1/20/90

5. FEI Number   59-2990018 | 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   Victor Holcomb

Street Address (P.O. Box Number is Not Acceptable)
106 S. Tampania Ave.
Suite, Apt. #, Etc.

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-08/02/00--01002--01
****908.75   ****908.75

City   Tampa | State FL | Zip Code 33609 |

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 _____   REGISTERED AGENT MUST SIGN   Date 6-27-00

CR2E081 (9/99)

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	Bryon Lancaster	4725 N. LOIS AVE.	Tampa, Fl 33614
V	James R. Seligman	4725 N. LOIS AVE.	Tampa, Fl 33614

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: _____   6-27-00   (813)414-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #