

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008511

1. Corporation Name

INSTITUTE FOR THE STUDY OF DIGITAL INCLUSION, INC.

Principal Place of Business

215 HAZEN ROAD
DELAND FL 32720

Mailing Address

P.O. Box 247
215 HAZEN ROAD
DELAND FL 32720 32721-0247

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2002

5. FEI Number

54-2082321

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 NOV 10 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DAVIES, JON	215 HAZEN ROAD	DELAND FL 32720
D	CLIFTON, RON	130 REEF ROAD	SOUTH DAYTONA FL 32220
D	THAYER, RANJINI	3460 TIMBERLANE DRIVE	DELAND FL 32720
D	AMIRI, SHAHRAM	215 Hazen Road	DeLand, FL 32720
D	AMIRI, SHAHLA	215 Hazen Road	DeLand, FL 32720
D	SNYDER, JIM	215 Hazen Road	DeLand, FL 32720

8. Name and Address of Current Registered Agent

(OR)
AMIRI, SHAHRAM
~~215 HAZEN ROAD~~ P.O. Box 247
~~DELAND FL 32720~~ DELAND FL 32721
215 HAZEN RD
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

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

300024530713

Suite, Apt. #, Etc.

11/10/03-01008-016 **263.23

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Shahrām Amiri

REGISTERED AGENT MUST SIGN

Date

11/04/03

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:

Shahrām Amiri, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/03 386-848-3415

Daytime Phone #

CR2E040 (7/03)