PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 👡
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

INSTITUTE FOR THE STUDY OF DIGITAL INCLUSION, IN

Principal Place of Business

215 HAZEN ROOD- ROAD DELAND FL 32720

Mailing Address
P. O. BOX 247
215 HAZEN 2000 ROPED
DELAND FL 2020 32721 - 0247

FILED

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JEUNETANT OF JANE TALLAHASSEE, FLORIDA



	⊷. ddresses are	incorrect in any way, line thro	ouah incorrect i	nformation and er	nter correction below.	REINS	STATEMENT	123
		Address, If Applicable		ing Office Addres			porated or Qualified ness in Florida	05/2002
Suite, Apt.	#, etc.		Suite, Apt. #	, etc.		5. FEI Numbe	<u></u>	·
City & State	•		City & State	******			2082321	Applied For Not Applicable
Zip		Country	Zip		ountry	6.		Additional Fee required
4 iP		Country	Σip		out it y	CERTIFICAT	E OF STATUS DESIRED L	a Certificate of Status
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit cor	porations must list at le	east 3 directors)		
Title(s) 1	2	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Direct		City / Stat	e / Zip
₽ ├	DAVIES, JO	אכ	-	215 HAZEN F	ROAD		DELAND-FL 32720	
ф.,	CHFTON, I	RON		-130 REEF RO	DA Đ		SOUTH DAYTONA FL-322	20
0-	JHAVER, R	MILMA		3460-TIMBER	LANE DRIVE		DEL AND-FL-02720 .	
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A	SNYD	SER, JIM	·	215 1	Hazen Ro	ad	Deland, FL	32728
	8. Nam	e and Address of Current I	Registered Age	ent	11	9. Name and	Address of New Registered Ac	jent
	-	· (or)			Name		- • • • • • • • • • • • • • • • • • • •	
	SHAHRAM	- P. O. Bo	v 24	2	Street Address	(P.O. Box Number	is Not Acceptable)	
	D FL 32720		•		Suite, Apt. #, Et	_{ic.} 11/10/		*263.23
	HAZEI	~\)@(`Z\ */\\	FL	32721	City		State	Zip Code
Der	ANNE	L 32720			. Ony		FL	Zip Gode
10. I, being	appointed the	registered agent of the abo	ve named corpo	oration, am familia	ar with and accept the	obligations of Sect	ion 607.0505, F.S. or 617.0505,	F.S.
Signature of Registered	Agent	Shahram		ENT MUST SIGN	*		Date 11/04/4	
ii. I certify	ınat ı am an o	micer or airector or the receiv	er or trustee er	npowered to exec	cute this application as	provided for in cha	apter 607 or 617, F.S. I further co	artity 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.