

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:54

DOCUMENT # P00000064887

1. Corporation Name

DIGITRONICS HI TECH, INC.

Principal Place of Business

10964 NW 29 CT
SUNRISE FL 33322

Mailing Address

10964 NW 29 CT
SUNRISE FL 33322



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.
10236 N.W. 47th St.

City & State

SUNRISE FL

Zip
33351

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
10236 N.W. 47th St.

City & State

SUNRISE FL

Zip
33351

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

65-1020805

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

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 |
|---------------|---|--|---------------------------|
| P | FERGUSON, PAUL ANTHONY | 1427 SABAL TRAIL | WESTON FL 33327 |
| V | PHILLIP, STANLEY | 10971 NW 18TH DRIVE | PLANTATION FL 33324 |
| T | HYMAN, GEORGE | 4200 NW 35 AVENUE | LAUDERDALE LAKES FL 33309 |
| C | DARY, ERINGTON | 1500 CONCORDE TERRACE | SUNRISE FL 33323 |
| S | GREER, DWIGHT | 10964 NW 29TH CT | SUNRISE FL 33322 |
| | | | |

8. Name and Address of Current Registered Agent

GREER, DWIGHT R
10964 NW 29 CT
SUNRISE FL 33322

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100004649271--5

-10/23/01--01015--003

***750.00

***750.00

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/10/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/01

Date

Daytime Phone #

CP2E040 (8/01)