

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -3 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065818

1. Corporation Name

DELUXE DIGITAL CORPORATION

600009732266
12/30/02--01020--011 **900.00

2. Principal Office Address

12100 N.E. 16 Ave

Suite, Apt. #, etc.

102

City & State

N. Miami, FL.

Zip

33161

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/2000

5. FEI Number

30-0108602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

1 \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LILLIAN REYNOLDS

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

12100 N.E. 16th Ave

Suite, Apt. #, Etc.

102

City

N. Miami

State

FL

Zip Code

33161

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

Lillian Reynolds

Date

11/26/02

REGISTERED AGENT MUST SIGN

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 |
|----------------------------|--------------------------------------|---|--------------------------|
| <u>PVD</u> <u>Pres.</u> | <u>LILLIAN REYNOLDS</u> | <u>12100 N.E. 16 Ave</u> | <u>N. Miami FL 33161</u> |
| <u>STD</u> | <u>STANLEY REYNOLDS</u> | <u>12100 N.E. 16 Ave</u> | <u>N. Miami FL 33161</u> |
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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:

Lillian Reynolds

Lillian Reynolds

Date

11/26/02
Daytime Phone #

CR2E081 (9/01)