

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV -9 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083889

1. Corporation Name

DIGITAL HOME LINK, INC.

Principal Place of Business

12118 PANAMA CITY BEACH PKWY STE 1A  
PANAMA CITY BEACH FL 32407

Mailing Address

12118 PANAMA CITY BEACH PKWY STE 1A  
PANAMA CITY BEACH FL 32407

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

2. New Principal Office Address, If Applicable

9202 PCITY BCH PKWY  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9202 P.C. BCH PKWY  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/2000

5. FEI Number

59-3661075

Applied For

Not Applicable

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BCH FL.

Zip

32407

Country

Zip

32407

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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
PRES.	JOHN EVANS	10535 QUAIL RIDGE	OLATHE, KS. 66061
VICE PRES.	KIM DAVIS	934 PELICAN PL. PC BCH FL. 32407	PC BCH FL. 32407

800004703188--7  
12/04/01-01005-024  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

EVANS, JOHN R  
12118 PANAMA CITY BEACH PKWY STE 1A  
PANAMA CITY BEACH FL 32407

9. Name and Address of New Registered Agent

Name

KIM DAVIS

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

9202 PANAMA CITY BCH PKWY

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32407

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

*Kim Davis*  
REGISTERED AGENT MUST SIGN

Date 11-1-01

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:

*Kim Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-01 850-234-8821

Date Daytime Phone #

CR2E040 (8/01)