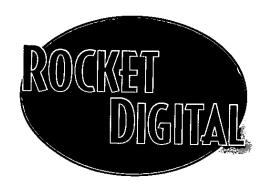
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
APPLICATION FOR REINSTATEMAN FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS			FILED
DOCUMENT # P00000116430			02 NOY 14 AM 10: 44
1. Corporation Name			
ROCKET DIGITAL, INC.		SECRETARY OF STATE FALLAMASSEE, FLORIDA	
Principal Place of Business Mailing Address		-	
4141 SO TAMIAMI TRL UNIT 12 SARASOTA FL 34231	4141 SO TAMIAMI TRL UNIT 12 SARASOTA FL 34231		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		200009004212 11/14/0201062023 **150.00	
New Principal Office Address, If Applicable  Suite, Apt. #, etc.	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     12/21/2000
4141 Sp. Tamiam, Trl. Unit 13.	Suite, Apt. #, etc. = 141 Sp. Tanuam. City & State	Trl Mart 13	5. FEI Number — Applied For. —
Zip Country	Zip Count	ry	Not Applicable  6. \$8.75 Additional Fee required
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 2 Name of Officers 3 Street Address of Each Officer and/or Director		City / State / Zip	
D O'BRIEN, MARK M			SARASOTA FL 34238
8 Name and Address of Current B	egistered Areas		
8. Name and Address of Current Registered Agent  Name  CORPORATION SERVICE COMPANY		Name and Address of New Registered Agent	
1201 HAYS STREET Street Address (P.4			P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301-2525  Suite, Apt. #, Etc.			
City			State Zip Code
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 et Registered Agent  REGISTERED AGENT MUST SIGN  11. Certify that am an officer or director or the register or the register of the register of the register of the register or			
11. I certify that 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

10/29/02 941-929-6960

Date Daytime Phone #



October 28, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Dear Sir/ Madame:

I am writing this letter to inform you that I have not received any notification from your department regarding this year's fee. I would like to apologize. I should have known this fee but since I am a new company there are so many forms and requirements to take note.

I would like to request to please waive the fees and that my corporation "Rocket Digital, Inc." be reinstated for the 2002 corporation annual report / uniform business report in accordance with Florida Statutes.

Enclose is this year's fee of \$150.00. I appreciate your patience and understanding. Thank you very much!

Sincerely.

Maricile O'Brien

Accounts Recievable