

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAR 18 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *P01000064292*

**1. Corporation Name**

DIGITAL CONNECTIVITY, INC.

**2. Principal Office Address**

1504 CASEY KEY RD.

**3. Mailing Office Address**

1504 CASEY KEY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

City & State

NOKOMIS, FL

Zip

34275

Country

Zip

34275

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/26/2001

**5. FEI Number**

65-1118018

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 02-05**

**7. Name and Address of Current Registered Agent**

Name

CHRISTOPHER K. CASWELL, P.A.

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

2364 FRUITVILLE ROAD

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

500049338135

03/29/05--01013--018 \*\*1201.00

**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

*Chris Caswell*

Date *3-17-05*

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
DPST	GEORGE NIELSEN	1504 CASEY KEY RD.	NOKOMIS, FL 34275

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/17/05 941-323-1851*

CR2E081 (01/05)