

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Nov 20, 2002 8:00 A.M  
Secretary of State

DOCUMENT # **P01000071977**

1. Corporation Name

**INGEDIGIT INTERNATIONAL, INC.**

Principal Place of Business

**300 BISCAYNE BOULEVARD WAY, SUITE 1005  
MIAMI FL 33131**

Mailing Address

**300 BISCAYNE BOULEVARD WAY, SUITE 1005  
MIAMI FL 33131**



**REINSTATEMENT 02**

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**07/23/2001**

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GUTIERREZ, SERAFIN	300 BISCAYNE BOULEVARD WAY, SUIT	MIAMI FL 33131 <del>100009158751</del> <del>11/22/02-01004-003 **750.00</del>
D	BARRIENTOS, CARLOS	300 BISCAYNE BOULEVARD WAY, SUIT	MIAMI FL 33131

8. Name and Address of Current Registered Agent

**CASTILLO, ALVARO B  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name **H. PARKER SWIND**  
Street Address (P.O. Box Number is Not Acceptable) **DUPONT PLAZA CENTER**  
Suite, Apt. #, Etc. **SUITE 1005**  
City **MIAMI** State **FL** Zip Code **33131**

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 of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11.15.02**

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]*  
**SIGNATURE REQUIRED**  
**SERAFIN GUTIERREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/25/02, 305 3748801**

Date

Daytime Phone #

CR2E040 (8/02)