

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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

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
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 SWAMP

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERAFIN GUTIERREZ

Date

Daytime Phone #

10/25/02, 305 3748801

CR2E040 (8/02)