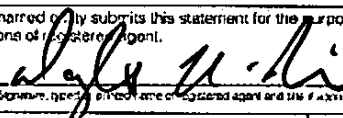
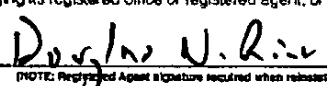


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 22 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P01000071977                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                                                                                          |                                                                                                                                                       |
| 1. Entity Name<br>INGEDIGIT INTERNATIONAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                       |
| Principal Place of Business<br>300 BISCAYNE BOULEVARD WAY, SUITE 1005<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | Mailing Address<br>300 BISCAYNE BOULEVARD WAY, SUITE 1005<br>MIAMI, FL 33131                                                                                                                                              |                                                                                                                                                       |
| 2. Principal Place of Business<br>4225 PONCE DE LEON BLVD.<br>State, Apt. #, etc.<br>CORAL GABLES<br>City & State<br>MIAMI, FL<br>Zip<br>33146-1826                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      | 3. Mailing Address<br>4225 PONCE DE LEON BLVD.<br>State, Apt. #, etc.<br>CORAL GABLES<br>City & State<br>MIAMI, FL<br>Zip<br>33146-1826                                                                                   |                                                                                                                                                       |
| Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      | Country<br>USA                                                                                                                                                                                                            |                                                                                                                                                       |
| 4. FEI Number<br>65-1126183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                                                                                                         |                                                                                                                                                       |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | \$8.75 Additional Fee Required                                                                                                                                                                                            |                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br>SUND, H. PARKER<br>SUPONT PLAZA CENTER<br>SUITE 1005<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Douglas N. Rice<br>Street Address (P.O. Box Number is Not Acceptable)<br>4225 PONCE DE LEON BLVD.<br>CORAL GABLES<br>City<br>MIAMI<br>FL<br>Zip Code<br>33146-1826 |                                                                                                                                                       |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                       |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | SIGNATURE  3/17/05                                                                                                                     |                                                                                                                                                       |
| FILE NOW!!! FEE IS \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                     |                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D<br>GUTIERREZ, SERAFIN<br>300 BISCAYNE BOULEVARD WAY, SUITE 1005<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | GUTIERREZ, SERAFIN<br>4225 PONCE DE LEON BLVD. CORAL GABLES<br>MIAMI, FL 33146-1826 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D<br>BARRIENTOS, CARLOS<br>300 BISCAYNE BOULEVARD WAY, SUITE 1005<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | BARRIENTOS, CARLOS<br>4225 PONCE DE LEON BLVD. CORAL GABLES<br>MIAMI, FL 33146-1826 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an office like empowered. |                                                                                                                      |                                                                                                                                                                                                                           |                                                                                                                                                       |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | SIGNATURE: SERAFIN GUTIERREZ-DIRECTOR                                                                                                                                                                                     |                                                                                                                                                       |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | Date                                                                                                                                                                                                                      |                                                                                                                                                       |



REINSTATEMENT 04-05

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