

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080041

1. Corporation Name

DIGITAL IMAGING SOLUTIONS BY DUNCAN, INC.

Principal Place of Business

849 SAND CREEK CIRCLE
WESTON FL 33327

Mailing Address

849 SAND CREEK CIRCLE
WESTON FL 33327



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

08/14/2001

5. FEI Number

P01000080041

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FERNANDEZ, DUNCAN	849 SAND CREEK CIRCLE	WESTON FL 33327

300008763983
11/01/02--01098--003 **150.00

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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 of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

CR2E040 (8/02)

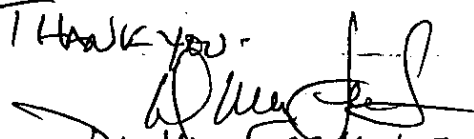
DIGITAL IMAGING SOLUTIONS by DUNAD, INC.
849 Sand Creek Circle
Weston, Florida 33327
(954) 349-0428 Call: (954) 646-8967

10/22/02

DEAR SIRs -

I DID NOT RECEIVE THE PRIOR NOTICES
FOR ~~RENEWAL~~ RENEWAL OF CORPORATIONS -

HERE ENCLOSED IS MY FEE OF \$150⁰⁰.

THANK YOU

DUNON FERNANDEZ
PRESIDENT