

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP -9 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000080041**

1. Corporation Name

DIGITAL IMAGING SOLUTIONS BY DUNCAN, INC.

2. Principal Office Address

849 Sand Creek Circle

3. Mailing Office Address

849 Sand Creek Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL 33327

City & State

WESTON FL

Zip

33327

Country

USA

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1140354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FINANCIAL FOUNDATIONS, INC.

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

3150 SANDY RIDGE DR

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **11/10/05**

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 |
|--------|--------------------------------------|---|--------------------|
| P,S | Duncan Fernandez | 849 Sand Creek Circle | Weston, FL 33327 |
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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

11/15/05

Date

954-349-0428

Daytime Phone #

CR2E061 (01/05)

Digital Imaging Solutions

by Duncan

849 Sand Creek Circle, Weston, Florida 33327
Office 954-349-0428, Cell 954-646-8967

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Corporate Reinstatement

~~Doc~~ PO 1000080041

To whom it may concern:

I did not receive any notification via email or ground mail for my corporate reinstatement.

Please notify me in the future.

I am looking forward to my corporate reinstatement.

Regards,



Duncan Fernandez