

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 21 PM 2:15

DOCUMENT # P01000095617

1. Corporation Name

D.G.I. CONSULTANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009155861
11/21/02--01105--015 **150.00

Principal Place of Business

9800 GRAND VERDE WAY
SUITE 407
BOCA RATON FL 33428

Mailing Address

9800 GRAND VERDE WAY
SUITE 407
BOCA RATON FL 33428

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

10/02/2001

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	IAGROSSI, DOMINIC G	9800 GRAND VERDE WAY SUITE 407	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 #

CR2040 (8/02)

DGI CONSULTANTS
9800 Grand Verde Way, Suite #407
Boca Raton, Fl. 33428

November 18, 2002

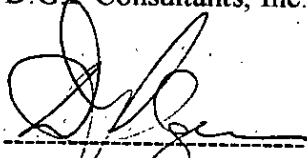
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL. 32314

TO WHOM IT MAY CONCERN:

I had filed a business corporation on 10/1/2001. Since the time of filing, I had moved to the above address and never received the paper work needed for filing the year-end report. My business was not in operation at that time and I had no income to file. My business is operating at this time and there will be income to report at the year-end. At this time I would like to re-instate my corporation. According to the automated answering service, I needed to submit a letter stating why I did not file the report. Also, it stated I should submit a fee of \$ 150.00 to re-instate the corporation. Enclosed, you will find a check in the amount of \$ 150.00.

Thanking you.

Sincerely,
D.G.I. Consultants, Inc.



Dominic Iagrossi Pres.