

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 27 PM 3:17

DOCUMENT # P01000116628

1. Corporation Name

DIGITAL ONE CONCEPTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900009240449
11/27/02--01054--012 **150.00

Principal Place of Business

Mailing Address

~~2625 S ATLANTIC AVE #26NW~~
DAYTONA BEACH SHORES FL 32118

~~2625 S ATLANTIC AVE #26NW~~
~~DAYTONA BEACH SHORES FL 32118~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6325 Williamson Blvd.

Suite, Apt. #, etc. #212

City & State Port Orange FL

Zip 32128 Country USA

3. New Mailing Office Address, If Applicable

6325 Williamson Blvd.

Suite, Apt. #, etc. #212

City & State Port Orange FL

Zip 32128 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/2001

5. FEI Number

020531370

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	BUQUICCHIO, JAMES	2625 S ATLANTIC AVE #26NW 6325 Williamson Blvd #212	DAYTONA BEACH SHORES FL 32118 Port Orange FL 32128

8. Name and Address of Current Registered Agent

JORCZAK, MARIE
8108 SW 103 AVE
MIAMI FL 33173

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

Date

REGISTERED AGENT MUST SIGN

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

11/19/02

Date

(386)527-0970

Daytime Phone #

CR2E040 (8/02)



Digital One Concepts, Inc

Digital Document Solutions



File Archiving & Indexing

11/19/02

Department of State
Division of Corporations
Tallahassee, FL

To whom it may concern,

Please be advised that Digital One Concepts, Inc. has had a change of address. Due to this address change, unfortunately some of Digital One Concepts mail has not been received. The Application for Reinstatement form has been updated and submitted along with this letter and a check for \$150.00 as directed by a representative of your office.

Please make the appropriate changes and feel free to contact me should any questions arise.

Thank you,

James Buquicchio – President
Digital One Concepts, Inc.
6325 Williamson Blvd. #212
Port Orange, FL 32128
(386) 527-0970

6325 Williamson Blvd. #212, Port Orange, FL 32128
Office (800) DOC-SCAN Cell (386) 527-0970
www.digitaloneconcepts.com