

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 AM 11:16

DOCUMENT #

1. Corporation Name

Digital One Concepts, Inc.
P01000116628

2. Principal Office Address

6093 Spruce Point Circle

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32128

Country

Volusia

3. Mailing Office Address

6093 Spruce Point Circle

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32128

Country

Volusia

REINSTATEMENT 03-05

**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. Name and Address of Current Registered Agent

Name

James Buquicchio

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

6093 Spruce Point Circle

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32128

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

REGISTERED AGENT MUST SIGN

Date 2/9/2005

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	James Buquicchio	6093 Spruce Point Circle	Port Orange, FL 32128

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

James Buquicchio

2/9/2005

Date

(386) 322-1162

Daytime Phone #

CR2E081 (01/05)



Digital One Concepts, Inc

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2/9/2005

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. As directed by a representative of your office, an Application for Corporation Reinstatement form has been updated and a check in the amount of \$450.00 for years 2003, 2004 and 2005 is submitted along with this letter.

Additionally, because I did not receive Annual Report Notices can you please waive any other fees to reinstate due to this address change.

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

Thank you,

James Buquicchio – President
Digital One Concepts, Inc.
6093 Spruce Point Circle
Port Orange, FL 32128
(386) 322-1162

6093 Spruce Point Circle, Port Orange, FL 32128
Office (386) 322-1162 Fax (386) 322-1524
www.digitaloneconcepts.com