

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Corporation Name

All Things Digital, Inc  
602000016897

**2. Principal Office Address**

7249 NW 54 St  
Suite, Apt. #, etc.

**3. Mailing Office Address**

7249 NW 54 St  
Suite, Apt. #, etc.

**City & State**

Miami, FL

**City & State**

Miami, FL

**Zip**

33166

**Country**

USA

**Zip**

33166

**Country**

USA

**4. Date Incorporated or Qualified**  
-- To Do Business in Florida

02/14/2002

**5. FEI Number**

04-3601809

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

**Name**

Elliott Rivera

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

5180 SW 159 Ave

**Suite, Apt. #, Etc.**

**City**

Miami

**State**

FL

**Zip Code**

33185

**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

*Elliott Rivera*  
REGISTERED AGENT MUST SIGN

Date 12/03/2003

**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
PSTD	Elliott Rivera	5180 SW 159 Ave	Miami, FL 33185

**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:**

*Elliott Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/2003 305-887-9464  
Date Daytime Phone #

CR2E081 (10/02)

# ALL THINGS DIGITAL, INC

December 3, 2003

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

Dear Sir or Madam:

I Elliott Rivera sent in my documents prior to the May deadline and a check in the amount of 150.00 ( ck# 2148 ) which was cashed, here I included a copy of the certified receipt showing I sent it prior to the deadline. I was looking on the internet yesterday and noticed the my company was inactive, called your office at 850-245-6059 and was told that it was because I did not include my EIN# which I never received any notice that my form was rejected, I would greatly appreciate it if the reinstatement fee could be waived as I file all my documents pay all my fees when they are due. Please forward any information to 7249 NW 54 ST MIAMI, FL 33166. Thank you:

Sincerely,

  


Elliott Rivera  
President