

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000028553**

1. Corporation Name

DIGITAL SCIENCES CORPORATION

000025482460
12/15/03--01010--018 **150.00

2. Principal Office Address

21342 SW 94 CT

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

Zip

33189

Country

USA

3. Mailing Office Address

20264 MacLashan Terrace

Suite, Apt. #, etc.

100

City & State

Ashburn VA

Zip

20147

Country

USA

REINSTATEMENT

41-2032321

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

3/15/2002

5. FEI Number

41-2032321

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

OLUAMIDE OLAMIGOKE

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

21342 SW 94 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33189

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

12/5/2003

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
1st	OLUAMIDE K OLAMIGOKE	21342 SW 94 CT.	MIAMI, 33189
		MIAMI FL 33189	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/2003

Daytime Phone #

702-861-4160

CR2E081 (10/02)

DIGITAL SCIENCES CORPORATION
21342 SW 94 CT
Miami, FL 33189

703-861-4160

Mailing Address:

Digital Sciences Corporation
20264 MacGlashan Terrace
Ashburn, VA 20147

TO:

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

RE: Annual Fee/Renewal and Reinstatement of Digital Sciences Corporation

This is to inform you that I did not receive the renewal notice for my small business company, Digital Sciences Corporation for the year 2003.

Being a startup, I am investing my own little fund to grow the company. **I would like to request for a waiver of the reinstatement fee.**

I enclose a \$150.00 check for the annual fee.

Also, please update the company's mailing address as on the form and above.

Sincerely,


Olumide Olamigoke

12/8/2003