

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000122621

1. Corporation Name

Digitech Media, Inc.

2. Principal Office Address - No P.O. Box #
7777 NW 146th ST.

3. Mailing Office Address
7777 NW 146th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes,

City & State
Miami Lakes,

Zip Country
33016 Dade

Zip Country
33016 Dade

4. Date Incorporated or Qualified
To Do Business in Florida **10/30/03**

5. FEI Number
20-0346513

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
Joseph Shomar

Street Address (P.O. Box Number is Not Acceptable)
7777 NW 146th ST.

Suite, Apt. #, Etc.

City State Zip Code
Miami Lakes, FL 33016

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **Joseph Shomar**
REGISTERED AGENT MUST SIGN

Date **10/25/07**

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
PTS	Hussein Alawieh	11100 NW 44th Terr.	Miami, FL 33178

000111467010
10/30/07--01007--009 **300.00

REINSTATEMENT

06-07

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 contained in Chapter 119, 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:

Joseph Shomar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/07 (305) 825-1123

FILED

2007 OCT 30 AM 10:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E081 (1/07)