## ✓ →PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  06 JAN -9 PM 12: 29
DOCUMENT # P04000163828 1. Corporation Name	TALLAHASSEE, FLORIDA
Digital Design Group, Inc.	PENSTATEMENT 05-06
2. Principal Office Address  3. Mailing Office Address	CR2E081 (12/05)
Suite 360 Suite 360	4. Date Incorporated or Qualified To Do Business in Florida December 7th, 2004
City & State City & State	5. FEI Number Applied For
Hollywood, FL Zip Country Zip Country	61 480236 Not Applicable
33021 USA 33021 USA	S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Corlos D. Namaum  Street Address (P.O. Box Number is Not Acceptable)  5371 SW 40th Ave  Suite, Apt. #, Etc.  Uni+ 103	
Fort. Lauderdale	State Zip Code FL 33314
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 Low Mannin Date January 3rd, 2006  REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Eacl Officers and/or Directors Officer and/or Director	
P Carlos D. Namhum 5371 SW 40th Ave	Unit 103 Fort Landerdale, FL 33314
VP Ido Meros 4000 N 49# Ave	Hollywood, FL 33021
CEO Michael San Guerman 240 East 53rd Stn	eet Hialeah, FL 33013
R (110	
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:  SIGNATURE DOE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #	