

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000170251

1. Corporation Name

DIGITAL SIGNALS, INC

2. Principal Office Address

1936 ISLAND WALK DR.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32824

Country

USA

3. Mailing Office Address

1936 ISLAND WALK DR

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32824

Country

USA

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-21-2004

5. FEI Number

20-2023294

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

IQBAL S. MOTEN

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

1936 ISLAND WALK DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

Iqbal Moten
REGISTERED AGENT MUST SIGN

Date 10-20-06

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	IQBAL S. MOTEN	1936 ISLAND WALK DR	ORLANDO, FL-32824

200091274492
10/27/06 01025-009 **300.00

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:

IQBAL S. MOTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-06 407 967295/

Daytime Phone #

2082

October 19, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE; DIGITAL SIGNALS, INC. DOCUMENT # 04000170251
EIN # 20-2023294

DEAR SIR/MADAM

WE ARE SENDING YOU THE TWO CORPORATION REINSTATEMENT FORMS FOR
2005 AND 2006 ALONGWITH A CHECK FOR \$300.00 FOR TWO YLEARS 2005 AND
2006.(\$150.00 FOR EACH YEAR)

MOREOVER WE WOULD LIKE TO INFORM YOU THAT WE NEVER RECEIVED ANY
RENEWAL NOTICE FROM THE DEPARTMENT OF STATE FOR THE YEARS 2005 AND
2006.

WE WOULD REQUEST YOU TO PLEASE REINSTATE THE ABOVE CORPORATION AS
EARLY AS POSSIBLE.

WE ALSO REQUEST YOU TO PLEASE MAKE CHANGES IN YOUR RECORD FOR OUR
MAILING ADDRESS WHICH AS UNDER:

DIGITAL SIGNALS, INC.
1936 ISLAND WALK DR.
ORLANDO, FL 32824

SINCERELY



IQBAL S MOTEN
PRESIDENT