PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION. FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9200002302

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| 1. Corpora | ition Name | 1 (010 | | • | | | - m m + S # 17 h Th | V OF STATE | | |
|---|---------------------------------------|-----------------------------------|------------------------|--|--|--|---|---|-----------|--|
| GLOBAL DIGITAL PRODUCTS CORP. | | | | | | SECRETARY OF STATE TALLAHASSEE FLORIDA | | | | |
| Principal Pl | |)1 West Newp | | nter Driv | er Drive | | REINSTATEMENT 06-96 | | | |
| If above a | | erfield Beac | · | | nter correction below. | | | 95- | -96 | |
| 2. New Prin | ncipal Office | Address, If Applicable | 3. New Ma | ling Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 11/05/92 5. FEI Number Applied For S5-036640 Not Applied be | | | | |
| Suite, Apt | , etc. | | Suite, Apt. | , etc. | | | | | | |
| City & State | · · · · · · · · · · · · · · · · · · · | | City & State | | | | | | | |
| 2ір | Zip Country | | Zıp | Co | Country CERT | | S8 75 Additional Fee required for a Certificate of Status | | | |
| 7. Names a | and Street Ad | dresses of Each Officer an | d/or Director (F | lorida nonprofit cor | · · · · · · · · · · · · · · · · · · · | ···· | | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N | | ır | City / State / Zip | | | |
| CEO/D | | | | | Newport Ct | ······ | Deerfield | Beach, FI | 3344 | |
| P/D | CHRIS STUDER | | | 1301 W | Newport (| Ctr Dr | Deerfield | Beach, B | 'L33442 | |
| D | N. PHILIP MCKNIGHT | | | 1301 W | Newport (| Ctr Dr | Deerfield | Beach, B | 'L3344 | |
| T | JULIA M. DECKER | | | 1301 W | Newport (| Ctr Dr | Deerfield | Beach, F | 'L3344 | |
| S | BETTY E. ALLEN | | | 1301 W | Newport (| | Deerfield | 48086· | 2 | |
| | | | | | | | -04/18/9 ***1088 | 701098(| 004 | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | |
| | 4 | | | | CHRIS STUDER Street Address (P.O. Box Number is Not Acceptable) 1301 W Newport Center Drive Sulte, Apt. #, Etc. | | | Drive | Section 2 | |
| 10 1 hains | onnointed the | a registered agent of the ob | and parent out | constinue and familia | City | field E | Seach | State Zip Code FL 3344 | 2 | |
| Signature of Registered | r _ | e registered agent of the at | and a | GENT MUST SIGN | | bligations of Sec | | 5/97 | | |
| 11. Do | es this o | corporation pay evenue under S | any intan . 199.032 | gible tax to , Florida St | the atutes. Yes | ₩ No[| | ner side for information intangible tax.) | on . | |
| 1 | hat I am an o | flicer or director or the reco | eiver or trustee e | mpowered to exec | ute this application as p | provided for in ch | apter 607 or 617, F.S. 11 | urther certify that wh | en filing | |

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 lead affect on the social application is true and accurate. on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chris Studer-Pres4/15/97 954-419-1389
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayling Phone #