

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 2:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000001840**

1. Corporation Name
DIGICOM IMPORT & EXPORT INC.

Principal Place of Business 8357 W. FLAGLER STREET SUITE 310 MIAMI FL 33144 US	Mailing Address 8357 W. FLAGLER STREET SUITE 310 MIAMI FL 33144 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/31/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0380119	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	HAN, YOUNG SEU	999 BRICKELL BAY DRIVE	MIAMI FL 33131
VDS	HAN, GIANFRANCO M	999 BRICKELL BAY DRIVE	MIAMI FL 33131
			3000002725709--7 -12/29/98--01101--017 ***750.00 ***750.00
			REINSTATEMENT 98 B.12/28/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
YOUNG, SEU HAN 8357 W. FLAGLER STREET SUITE 310 MIAMI FL 33144		Name YOUNG SEU HAN Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* Date 12-11-98
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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]* Date 12-11-98
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/98)