

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -8 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039120

1. Corporation Name

DIGIMEDIA PRO INC

2. Principal Office Address - No P.O. Box #

6055 SW 29 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33155-4063

Country

USA

3. Mailing Office Address

6055 SW 29 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33155-4063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/27/1993

5. FEI Number
65-0480327

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

GUSTAVO N GARRIDO

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

6055 SW 29 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155-4063

☒ 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

Gustavo Garrido

Date

1/15/08

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DOMINGO SIMONETA	8260 NW 27 ST # 404	MIAMI FL 33122
S	NORMA TRINCHITELLA	8260 NW 27 ST # 404	MIAMI FL 33122

300118435559
02/20/08--01018--004 **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:

Gustavo Garrido

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/08

Daytime Phone #

REINSTATEMENT 07-08

2/11/08