

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR
REINSTATEMENT



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

P94000000285

FILED

96 NOV 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000285

1. Corporation Name

Florida/U.S. Digital Networks, Inc.

Principal Place of Business

Mailing Address

12189 North U.S. Highway One
Suite 2
North Palm Beach, FL 33408

SH 11/3
3000 Previously Received
03/15/16 92285 039 0200.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date incorporated or Qualified To Do Business in Florida

January 3, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

5A-3299887

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Mark W. Suto	12189 North U.S. Highway One Suite 2	North Palm Beach, FL 33408
Vice Pres Director	Gerald P. McNulty	12189 North U.S. Highway One Suite 2	North Palm Beach, FL 33408
Secretary Treasurer	Nancy A. Suto	12189 North U.S. Highway One Suite 2	North Palm Beach, FL 33408

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-11/14/96-01023-012
***183.75 ***183.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard Heinle
111 North Orange Avenue
Orlando, FL 32801

Name Mark W. Suto
Street Address (P.O. Box Number is Not Acceptable) 12189 North U.S. Highway One
Suite, Apt. #, Etc. Suite 2
City North Palm Beach State FL Zip Code 33408

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]

REGISTERED AGENT MUST SIGN

Date 11/8/96

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *NAS Nancy A. Suto* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 694-8655

Date Daytime Phone