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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**FILED**  
98 OCT 27 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000057697**

**DIGI DESIGNER OUTLET, INC.**

2. If Address in **TALLAHASSEE** is different in any way, enter the correct address below:

Address  
**2950 LUCKIE ROAD**  
City and State **WESTON, FL** Zip Code **33331**

3. If Principle Office Address is different from mailing address, enter address below:

Address  
**700002674877--5**  
City and State **-10/28/98--0102600904**  
**\*\*\*\*750.00 \*\*\*\*750.00**

4. Date Incorporated or Qualified To Do Business in Florida

**08/04/94**

5. FEI Number

**65-0509454**

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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
P	FRANCISCO PRIETO	2950 LUCKIE ROAD	WESTON, FL 33331
V	GIOVANNI TORREGROZA	2950 LUCKIE ROAD	WESTON, FL 33331
S	LOURDES ALCOXER PRIETO	2950 LUCKIE ROAD	WESTON, FL 33331

**REINSTATEMENT**

**TS 10/27**

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name **FRANCISCO PRIETO**

Street Address (Do NOT Use P.O. Box Number)  
**2950 LUCKIE ROAD**

Street Address (Do NOT Use P.O. Box Number)

City **WESTON**

State **FL**

Zip **33331**

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

REGISTERED AGENT MUST SIGN

Date **OCT 23, 1998**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I certify that I am an officer or director of 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 of Officer or Director

Date **10/23/98**

Daytime Phone # **954-385-7284**

CH25040 (8/92)