PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 10 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092962

01/27/00 90126 008 150.00

1. Corporation Name
ALL DIGITAL, CORP.

2. Principal Office Address	**3.** Mailing Office Address
1470 T NW 107TH AVENUE	1470 T NW 107TH AVENUE
Suite, Apt. #, etc.: SUITE T	Suite, Apt. #, etc.: SUITE T
City & State: MIAMI, FL 33172	City & State: MIAMI, FL 33172
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/1994

5. FEI Number: 650545514 ☐ 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: RAMIREZ, MANUEL

Street Address (P.O. Box Number is Not Acceptable): 1470 T NW 107TH AVENUE

Suite, Apt. #, Etc.: SUITE T

City: MIAMI State: FL Zip Code: 33172

000004602899---8
-09/20/01--01064-019-
*****158.75 *****158.75

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: X _____ REGISTERED AGENT MUST SIGN Date: 09/06/2001

CR2E081 (9/00)

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.S.	RAMIREZ, MANUEL	1470 T NW 107TH AV. MIAMI, FL 33172	MIAMI, FL 33172
		REINSTATEMENT 06-01	

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 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 legal effect as if made under oath.

SIGNATURE: X _____ 09/06/2001 305-594-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #