PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #   P96000045231

1. Corporation Name

DIGITAL CREATIONS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2602 NW 6TH ST GAINESVILLE FL 32609	2602 NW 6TH ST GAINESVILLE FL 32609

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 **05/20/1996**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-3386597** Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED
Zip / Country	Zip / Country	$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KOBB, STEVEN M	9504 SW 75TH WAY	GAINESVILLE FL 32608
ST	KOBB, STEVEN	9504 SW 75TH WAY	GAINESVILLE FL 32608
			6000047188336---7
			-12/11/01--01039--020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KOBB, STEVEN M 9504 SW 75TH WAY GAINESVILLE FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State **FL** Zip Code

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 10/31/01

11. 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: _____ Steven M. Kobb   10/15/01   352-335-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/01)