' PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	APPHOVED ANED
DOCUMENT # PGLOOOG 78	98 OCT 15 PH 12: 31
1. Corporation Name Digicom Enterprises Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address	
304 S. Bumby Ave. P.O. Box 780774	
f	EINSTATEMENT <u>M-98</u>
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. 1	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5.	To Do Business in Florida 8 2 96  FEI Number Applied For
City & State Octored FL 32803 City & State Octored FL 6.	O 9 - 5 5 9 5 9 1 Not Applicable  CERTIFICATE OF STATUS DESIRED 1 S8.75 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 d	Tot a certificate of status
Name of Officers Street Address of Each	
Title(s) and/or Directors Officer and/or Director Office Box Number Office Box Numbe	ers) 4 City / State / Zip
P Mary Kannzadeh 304 S. Bumby	Ave Odando FL 32803
T Many Kannzadeh 3045 Bumby 1	Ave Orlando FL 32803
5 Many Kanmaadeh 304 S. Bumby F	tre Orlando FL 32803
D Mari Karinzadeh 304 S. Bumby	Hue Orlando FL 32803
	8000026684630 -10/20/38010779-006_0
	*****300.00 ****300.01
	Name and Address of New Registered Agent
Name MASON	KARIMZADEH
1 20 U <	ox Number is Not Acceptable)  Bumby Ave.
343 Almeria Ave.  Suite, Apt. #, Etc.	
Coral Gables, Fl. 33134 City Orland	
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 10/1/98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)	
12. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	