PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 FEB -9 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000083201

1. Corporation Name

Digital Express Internet Services, Inc.

2. Principal Office Address	3. Mailing Office Address
1211 Semoran Boulevard	
Suite, Apt. #, etc.: Suite 295	Suite, Apt. #, etc.
City & State: Casselberry, FL	City & State
Zip: 32707 Country: United States	Zip Country

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified To Do Business In Florida: 10/09/1996

5. FEI Number: 59-3413497 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

800003745038--6
-02/21/01--01046--005
****150.00 ****150.00

800003745038--6
-02/21/01--01046--006
****758.75 ****758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Salvina Amenta-Gray SALVINA AMENTA-GRAY SPEC. ASST. SECRETARY Date: 2/8/2001
REGISTERED AGENT MUST SIGN

CR2E061 (9/99)

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
C/P	John G. Hayes	1211 Semoran Blvd., Suite 295	Casselberry, FL 32707
D/T	Steven Sapp	1211 Semoran Blvd., Suite 295	Casselberry, FL 32707
V	G. Robert Joiner	1211 Semoran Blvd., Suite 295	Cassleberry, FL 32707

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: John G. Hayes, President 407 673-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #