

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:53

DOCUMENT # P97 00000 3939

1. Corporation Name

Silicon Digital Industries, Inc.

2. Principal Office Address - No P.O. Box #

1685 H Street

Suite, Apt. #, etc.

# 482

City & State

Blaine, WA

Zip

98230

Country

USA

3. Mailing Office Address

1685 H Street

Suite, Apt. #, etc

# 482

City & State

Blaine, WA

Zip

98230

Country

USA

500147542255  
03/26/09--01020--008 \*\*600.00

REINSTATEMENT 06-09ks

4. Date Incorporated or Qualified  
To Do Business in Florida

January 9, 1997

5. FEI Number

650719741

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

Brend E. Wood

Street Address (P.O. Box Number is Not Acceptable)

4509 Bee Ridge Rd

Suite, Apt. #, Etc.

Ste C

City

Sarasota

State

FL

Zip Code

34233

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Brend E. Wood

Date 3-17-09

REGISTERED AGENT MUST SIGN

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
CEO	Christopher Bigelow	1685 H Street #482	Blaine, WA 98230

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 contained in Chapter 119, 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

Christopher Bigelow

3-17-09

Date

360-332-1349

Daytime Phone #