

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

10 AUG -9 PM 3:15

DOCUMENT # P97000052238

1. Corporation Name

Digital Network Associates, Inc.

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

11330 Lakeshore Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

11330 Lakeshore Dr

Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Cooper City, FL

Zip

33026

Country

USA

Zip

33026

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/09/97

5. FEI Number

65-0768083

☐ 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

Leslie Mohr

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

11330 Lakeshore Dr

Suite, Apt. #, Etc

City

Cooper City

State

FL

Zip Code

33026

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

Leslie Mohr

REGISTERED AGENT MUST SIGN

Date

8/5/10

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	Leslie Mohr	11330 Lakeshore Dr.	Cooper City FL 33026

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Leslie Mohr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/10

Daytime Phone #