

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**03 DEC 23 PM 3:50**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000064724**

**1. Corporation Name**

Digital Business Machines USA, Inc.

**REINSTATEMENT 00-03**

**600025722246**

12/23/03--01019--019 \*\*1200.00

**2. Principal Office Address**

21 SE 1 Avenue

Suite, Apt. #, etc.

10th Floor

City & State

Miami, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

624 Grassmere Park Drive

Suite, Apt. #, etc.

Suite 7

City & State

Nashville

Zip

TN

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/24/1997

**5. FEI Number**

592388659

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

David J. Hart

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

21 SE 1 Avenue

Suite, Apt. #, Etc.

10th Floor

City

Miami

State

FL

Zip Code

33131

**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

Date

12/16/03

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
P	Hector Bezuidenhout	624 Grassmere Park Drive, Suite 7	Nashville, TN 37211

**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:**

HECTOR BEZUIDENHOUT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/03  
Date

615-3704211  
Daytime Phone #

CR2E081 (10/02)