TRUCTIONS BEFORE COMPLETING THIS FORM. REINSTATEME DIVISION OF CORPORATIONS P97000074807 _00 JAN -4 AM 9: 53 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DIGITAL PUBLISHING CONSULTANTS, INC. Mailing Address Principal Place of Business 2607 OAKBROOK COURT 2607 OAKBROOK COURT kpj lauderdale fil 33332 FT-LAUDERDALE FL 33332 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- Date Incorporated or Qualified To Do Business in Florida 08/28/1997 Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For 65-0786855 City & State Not Applicable wes Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors D FELICIANO, ALFRED 2607 OAKBROOK COURT FF LAUDERDALE FL 33332 WESTAN FT LAUDERDALE FL 33332 D FELICIANO, CARMEN M 2607 OAKBROOK COURT 800003089768--2 -01/06/00--01007--009 ****150.00 ****150.00 8)00003089768--2 -01/06/00--01007--010 ****150**,001_9*****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Armen M. FeliciAND INCORPORATORS PLUS, INC. ddress (P.O. Box Number is Not Acceptable) 1214 N UNIVERSITY DRIVE PLANTATION FL 33322 Suite, Apt. #, Etc. 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 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 and the names of individuals isted 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. Daytime Phone #



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December 22, 1999

Tyrone Scott
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Attention: Mr. Tyrone Scott

Dear Tyrone Scott,

Subject: Request for waiver of Reinstatement Penalty

Per our conversation today, I am writing to let you know that we had sent our Annual Report and Fee's back in April of this year. We never received any notification of a problem until the notice of Dissolution. I am therefore asking if my penalty fee can be waived. I realize that this would be a one-time exception per our conversation, however I can insure that we will not be in this situation again.

As you suggested. I am including a check for \$150.00 check number, 1245 for my 1999 Annual Report. I am also including an additional check for 150.00 for year 2000 fees as you had suggested insuring that we are on time in year 2000. This check number is 1246 for \$150.00 per your instructions.

Lalso changed my Registered Agent from Incorporators Plus Inc. to Carmen M Feliciano, and have done so in box 9 per your instructions

Mr. Scott, as discussed I will be traveling out of state, however I can be reached by Cell phone at 954-483-3509. Thank you for your attention and guidance on this issue

Respectfully yours,

Al Feliciano

Digital Publishing Consultants, Inc

Enclosures (3)

