

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

pg 7-81088
The Digital Tree, Inc.

2. Principal Office Address

1813 NE 19th St.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33305

Country

Broward

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2000.01

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-97

5. FEI Number

65-0803829

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

Peter J. Nolan

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

1813 NE 19th St.

Suite, Apt. #, Etc.

City

Fort Lauderdale

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****908.75 ****908.75

State

FL

Zip Code

33305

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

REGISTERED AGENT MUST SIGN

Date 11-5-01

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
Pres.	Peter J. Nolan	1813 NE 19th St.	Ft. Lauderdale, FL
VP	Marci O. Nolan	1813 NE 19th St.	Ft. Lauderdale, FL 33305

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-01

Date

Daytime Phone #

954-462-7483

CR2E081 (9/00)