

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra M. McMan
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088304

1. Corporation Name

DIGITAL WORKS, INC.

Principal Place of Business

Mailing Address

1984 DIAMOND COURT
OLDSMAR FL 34677

1984 DIAMOND COURT
OLDSMAR FL 34677

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

10/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3475729

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GANGER, PEGGY T	1984 DIAMOND COURT	OLDSMAR FL 34677
VD	GANGER, BRUCE E	1984 DIAMOND COURT	OLDSMAR FL 34677

100002703881--8
-12/04/98--01107--020
****150.00 ****150.00

B 11/25/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GANGER, PEGGY T
1984 DIAMOND COURT
OLDSMAR FL 34677

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Peggy T Ganger
REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Peggy T Ganger
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98 727-781-6684
Date Daytime Phone #

CR2E040 (9/88)

DIGITAL WORKS
PRINTING FOR PROFIT

November 16, 1998

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

Re: Document # P97000088304
Digital Works, Inc.

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To Whom It May Concern:

I received your cancellation notice for my company due to not filing of an annual report with your department. However, I did not receive the notice to file and, being a first year corporation, did not realize that it was a requirement.

Enclosed is your "Application for Reinstatement" and a corporate check in the amount of \$150.00 to cover the Annual Report Fee and Corporate Supplemental Fee. I would request that the reinstatement fee be waived as this is our first year of business. I understand that in the future we will be receiving a notice of this filing no later than the second week of February which is due and payable before May 1, and will certainly be complying with your regulations.

Thank you in advance for your understanding. I would appreciate notification of the disposition of my request for waiver, or any further action you would request of me.

Sincerely,



Bruce E. Ganger