

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *aa*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000094517**

1. Corporation Name

DIGITAL CARTOGRAPHICS, INC.

Principal Place of Business

1671 BERKSHIRE AVE.
WINTER PARK FL 32789

Mailing Address

P. O. BOX 2361
ORLANDO FL 32802

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1033 Lake Bell Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1033 Lake Bell Drive
Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

City & State

Winter Park, FL

Zip

32792

Country

USA

FILED

99 DEC 13 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *99*

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1997

SP

5. FEI Number

59-3492257

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DUGGER, BILLIE R	1671 BERKSHIRE AVE.	WINTER PARK FL 32789

900003079399--7
-12/23/99--01057--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MORRIS, G. CLAY ESQ.
200 E. ROBINSON ST., SUITE 1020
ORLANDO FL 32802

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/6/99

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 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:

Billie R. Dugger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04/99 *407-740-8640*
Date Daytime Phone #

CR2040 (8/99)