PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine [redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 PM 3:15

DOCUMENT # P97000106975

1. Corporation Name

U.S. DIGITEL, INC.

Principal Place of Business	Mailing Address
1909 TYLER ST., 3RD FLOOR HOLLYWOOD FL 33020	1909 TYLER ST., 3RD FLOOR HOLLYWOOD FL 33020

REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/19/1997

5. FEI Number: 65-0800792 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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
P	GRIFFEE, DAVID	1909 TYLER ST., 3RD FLOOR	HOLLYWOOD FL 33020
ST	CRAIG A WALTZER	1909 TYLER ST 3RD FL	HOLLYWOOD FL 33020

200003060522--2
-12/03/99--01095--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent

WALTZER, CRAIG A
1909 TYLER ST., 3RD FLOOR
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name: John Scafidi
Street Address (P.O. Box Number is Not Acceptable): 1909 Tyler Street
Suite, Apt. #, Etc.: Floor 8
City: Hollywood FL 3 State: FL Zip Code: 33020

(REQUESTED)

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: John Scafidi REQUIRED Date: 11/16/99

REGISTERED AGENT MUST SIGN

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.

FILAD

SIGNATURE: [redacted] REQUIRED DAVID GRIFFEE 11/16/99 954 927 7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(REV 06/96)