

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # P97000108725

1. Corporation Name

Interactive Digital Solutions, Inc.

2. Principal Office Address

1116 Trotwood Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1116 Trotwood Blvd.

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

USA

Zip

32708

Country

USA

**REINSTATEMENT 03-04**

MRD

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1997

5. FEI Number

593488874

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

Michael Denczek

500039394805

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

1116 Trotwood Blvd.

07/21/04-01063-002 \*\*500.00

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

*Michael Denczek*

REGISTERED AGENT MUST SIGN

Date 07-17-04

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
P President	Michael Denczek	1116 Trotwood Blvd. Winter Springs, FL 32708	←

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)(f), 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:

*Michael Denczek* Michael Denczek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-17-04

Daytime Phone #

407-695-0067

CR2E081 (01/04)