

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022048

1. Corporation Name

H.A.F. DIGITAL, INC.

2. Principal Office Address

13760 Northwest 19 Avenue

Suite, Apt. #, etc.

#5

City & State

Opa Locka, FL

Zip

33054

Country

USA

3. Mailing Office Address

C/O Dana L. Black, P.A.

Suite, Apt. #, etc.

1031 Ives Dairy Road #228

City & State

Miami, FL

Zip

33179

Country

USA

REINSTATEMENT

CO-03

000023608650

10/07/03--01/09/04--022 ***1208.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/06/1998

5. FEI Number

59-2650221

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

Dana L. Black

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

1031 Ives Dairy Road

Suite, Apt. #, Etc.

228

City

Miami

State

FL

Zip Code

33179

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

Dana L. Black
REGISTERED AGENT MUST SIGN

Date

10/02/03

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,D	Howard Austin Feld	12680 Cyprus Road	North Miami, FL 33181

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

Howard Austin Feld

Date

10/2/03 3058888999

Daytime Phone #

21 10/18