

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 30 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **98000045831**

**1. Corporation Name**

**Digitpro Applications Group Inc.**

**2. Principal Office Address**

**1655 E. Semoran Blvd.**

Suite, Apt. #, etc.

**#15**

City & State

**Apopka, FL**

Zip

**32703**

Country

**USA**

**3. Mailing Office Address**

**1655 E. Semoran Blvd**

Suite, Apt. #, etc.

**#15**

City & State

**Apopka, FL**

Zip

**32703**

Country

**USA**

**REINSTATEMENT**

**00-04**

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

**5-21-98**

**5. FEI Number**

**650837308**

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

**Digitpro Applications Group, Denny Rosendo - president**

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

**1655 E. Semoran Blvd.**

Suite, Apt. #, Etc.

**#15**

City

**Apopka**

State

**FL**

Zip Code

**32703**

**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

**Denny Rosendo**

REGISTERED AGENT MUST SIGN

Date

**7-25-04**

**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
<b>President</b>	<b>Denny R. Rosendo</b>	<b>2424 Piedmont Lakes Blvd.</b>	<b>Apopka, FL 32703</b>

**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:**

**Denny Rosendo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-25-04**

Daytime Phone #

CR2E081 (01/04)

July 25<sup>th</sup>, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Denny R. Rosendo  
Digitpro Applications Group Inc.  
1655 E. Semoran Blvd. #15  
Apopka, FL 32703

RE: 650837308-Filing late fees

To Whom It May Concern:

I am enclosing a check for the "filing fees" I owe. Unfortunately, all mail correspondence was sent to the wrong address. This is the mailing address that I established when I first started the corporation: P.O. Box 527211 Miami, FL 33152. I would very much appreciate if any late fees/other fees are waived as a result of me not having access to mail correspondence.

Thank You,

Denny R. Rosendo  
President



RECEIVED  
JUL 29 2004  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314