

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # **P98000093777**

1. Corporation Name

**DIGITAL PRECISION MARINE ELECTRONICS CO., INC.**

Principal Place of Business

6511 SANTONA STREET  
UNIT C5  
CORAL GABLES FL 33146

Mailing Address

POST OFFICE BOX 432202  
MIAMI FL 33243

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**PO BOX 432202**  
**MIAMI FL**  
**33243 USA**

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1998

5. FEI Number

**65-0875669**

Applied

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BLACK, JAMES B III	6511 SANTONA STREET	CORAL GABLES FL 33146
SVD	BLACK, LAZARA T	6511 SANTONA STREET	CORAL GABLES FL 33146

**500003046575--6**  
**-11/17/99--01005--013**  
**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

~~AMERILAWYER~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name  
**JAMES B BLACK III**  
Street Address (P.O. Box Number is Not Acceptable)  
**6511 SANTONA ST**  
Suite, Apt. #, Etc.  
**APT C-5**  
City  
**CORAL GABLES** State  
**FL** Zip Code  
**33146**

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

**JAMES B BLACK III**  
**REGISTERED AGENT MUST SIGN**

Date **10/31/99**

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:

**JAMES B BLACK III**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**JAMES B BLACK III PTD**

**10/31/99** **3053896945**  
Date Daytime Phone #

CR20040 (8/99)