

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
"The Sunshine State"  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 JUN -1 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **098000094711**

1. Corporation Name

**DIGISKILL USA, INC**

2. Principal Office Address

**1235 Myrtle Ave. S.**

Suite, Apt. #, etc.

City & State

**CLEARWATER FL**

Zip

**33756**

Country

**USA**

3. Mailing Office Address

**1235 MYRTLE AVE. S.**

Suite, Apt. #, etc.

City & State

**CLEARWATER FL**

Zip

**33756**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/27/99**

**SP**

5. FEI Number

**59-3538893**

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

**RAYMOND DAVID**

**200003297132-5**

**-06/20/00-01049-014**

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

**1799 N. HIGHLAND AVE.**

**\*\*\*300.00 \*\*\*300.00**

Suite, Apt. #, Etc.

**UNIT K-187**

City

**CLEARWATER**

State  
**FL**

Zip Code

**33755**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **5.30.00**

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
President	Raymond David	1799 N. Highland Ave. Unit K-187	Clearwater - FL-33755

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]*

**RAYMOND DAVID**

Date

**5/30/00**

Daytime Phone #

**727-446-6001**

CR2E081 (9/99)



**digi Skill** USA

1235 Myrtle Ave. S., Clearwater, FL 33756, USA • Phone: 727-466-6681 • Fax: 727-443-1624 • E-mail: info@digiskill.com

May 30, 2000

Division of Corporation  
P.O. BOX 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the form for the Uniform Business Report, and didn't know about it, so I couldn't fill it and return it.

For this reason, I would appreciate that the fine be waived.

Please, find enclosed a 300\$ check for 1999 and 2000.

Hopefully, you will accept it and waive the fine.

Sincerely,

Raymond David  
President