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# Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

# CORPORATION REINSTATEMENT

## DIGITAL SYNERGY, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | ~~$1,058.75~~ |

$450.00

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02/14/2006 06:53 9544919868 PAGE 02/02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 21 PM 1:19

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/08)

DOCUMENT # P99000013493

1. Corporation Name

DIGITAL SYNERGY, INC.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 180 YACHT CLUB WAY | | 180 YACHT CLUB WAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 308 | | 308 | |
| City & State | | City & State | |
| HYPOLUXO, FL | | HYPOLUXO, FL | |
| Zip | Country | Zip | Country |
| 33462 | US | 33462 | US |

4. Date Incorporated or Qualified To Do Business In Florida 02/09/1999

5. FEI Number 560892460 ☐ 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: ROOP, DUANE

Street Address (P.O. Box Number is Not Acceptable): 180 YACHT CLUB WAY

Suite, Apt. #, Etc.: 308

City: HYPOLUXO FL State: FL Zip Code: 33462

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: A Howard by A Howard as atty in fact Date: 05/21/09

REGISTERED AGENT MUST SIGN

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 | ROOP, DUANE | 180 YACHT CLUB WAY 308 | HYPOLUXO, FL 33462 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B 5/21/09

REINSTATEMENT 07-09

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 contained in Chapter 119, 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.

ROOP, DUANE

SIGNATURE: A Howard by A Howard as atty in fact 05/21/09 561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #