

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JUN 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045329

1. Corporation Name

3 DIGIT CORPORATION

2. Principal Office Address

2800 N. 46TH AVENUE

Suite, Apt. #, etc.

SUITE 406A

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

7708 CASTOR AVENUE

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

Zip

19152

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

05/17/99

5. FEI Number

65-0921786

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

FRED COHEN

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

2716 NE 8TH ST.

Suite, Apt. #, Etc.

SUITE 710 NORTH

City

HALLANDALE

State

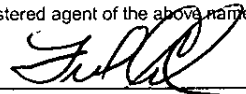
FL

Zip Code

33009

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



Date

6-14-01

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
D	JENNIFER LUNA	701 Tinkerbelle Lane	Marlton NJ 08053

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

6/14/01

Date

800-720-3283

Daytime Phone #