

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

081902

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
TAMMIE HARRIS  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000070211**

1. Corporation Name

**DIGITAL MEDIA MANUFACTURERS, INC.**

Principal Place of Business

Mailing Address

6709 N 9TH AVE  
PENSACOLA FL 32503

6709 N 9TH AVE  
PENSACOLA FL 32503



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	GILLETTE, DAVID C	6709 N 9TH AVE	PENSACOLA FL 32503
		8808 University Hwy	Pensacola, FL 32514

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILLETTE, DAVID C  
6709 N 9TH AVE  
PENSACOLA FL 32503

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*David C Gillette*

Date

10/19/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/02

855-477-1285

PG 292

To Whom It May Concern:

I am writing to let you know that I did not receive any other documents concerning filing my corporations annual report. In light of this I'm asking you to waive all late fees and I'm enclosing a check for \$150.00 to cover the fees for filing the annual report.

Thank you,

David Gillette  
President, Digital Media Manufacturers