

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 2:48

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P990000112934

1. Corporation Name

Digital Retail Systems Inc
5805 Palm DR
Ft Pierce FL 34982

2. Principal Office Address

5805 Palm DR

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft Pierce

City & State

Zip

Country

34982 St Lucia

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-16-99

5. FEI Number

125-0943482

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

Scott Rohn

500055329455

05/25/05--01038--023 **1200 00

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

Suite, Apt. #, Etc.

5805 Palm DR

City

Ft Pierce

State

FL

Zip Code

34982

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]

Date

4/27/05

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	Scott Rohn	5805 Palm DR	Ft Pierce FL 34982
S	Wanda Rohn	5805 Palm DR	Ft Pierce FL 34982

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

Date

4/27/05

Daytime Phone #

772-464-8126

CR2E081 (01/05)