### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### P99000078570 DOCUMENT #

1. Corporation Name

SECRETARY OF STATE DIVISION OF CORPORATIONS 03 OCT 14 AM 8: 00

DIGITA	L BAY N	MEDIA, INC.					Mrs			• • • • • • • • • • • • • • • • • • • •	
Principal Place of Business 2451 MCMULLEN BOOTH RD.: STE 302			•	Mailing Address  2451 MCMULLEN BOOTH RD., STE 302			1	TATEM		The second second	<del>1</del>
	ER FL 33759	ng ore oge		CLEARWATER FL 33759  rough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State			30023793958 10/14/0301060021 **150.00 MR, 4. Date Incorporated or Qualified To Do Business in Florida 08/30/1999				
		incorrect in any way, line Address, If Applicable									
Suite, Apt							5. FEI Number Ap		Applied For Not Applicable		
Zip Country			Zip	Zip		Country 6.		6. S8.75 Additional Fee require for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonpro	it corpora	tions must list at le	east 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo				City / State / Zip			
CTOC	FAMIANO, DOROTHY A			2451 MCMUL		BOOTH RD., S	TE 302	CLEARWATER FL 33759			
CEOP	FAMIANO, RONALD FAMIANO, RON			2451 MCMULLEN BOOTH RD., STE 302 2451 MCMULLEN BOOTH RD., STE 302			TE 302				
T							TE 302				
S FAMIANO, DOROTHY A				2451 MCMULL		N BOOTH RD., STE 302		CLEARWATER FL 33759			<del>-</del>
											_
8. Name and Address of Current Registered Age					nt			9. Name and Address of New Registered A			_
					~	Name	<u>.</u>	-	. , 444 ~	·· .	(8)
FAMIANO, DOROTHY A 2451 MCMULLEN BOOTH RD., STE 302					Street Address (			P.O. Box Number is Not Acceptable)			
CLEARWATER FL 33759				Suite, Apt. #, Etc			c.				75
			- 10			City			State	Zip Code	
10. 1, bein	g appointed the	e registered agent of the	above named corpo	oration, am f	amiliar wi	th and accept the o	obligations of Secti	on 607.0505, F.S. or	617.0505	, F.S.	
Signature Registere	of d Agent	DESTIN	REGISTERED AG	SENT MUST	QU SIGN	MRED		Date	10/0-	3	- }
						<del> </del>				<del></del>	-{

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## Merging Cutting Edge Technology With Traditional Marketing Strategy WWW.DIGITALBAY.NET

**Web Site Hosting Application Hosting E-commerce Solutions** Custom Site Design Domain Name Registration Strategic Consulting

October 10, 2003

RE: Document # P99000078570

Division of Corporations PO Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is our fee for the Corporate Annual Report. We never received an annual report form this year. We are requesting that the re-instatement fee be waived since we did not receive the forms required. Thank you.

Sincerely,

Ron Famiano Co-President

Digital Bay Media, Inc.

Enclosure (1)

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