

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 495787

1. Corporation Name

DATA WORLD BUSINESS MACHINES CO
machine company

2. Principal Office Address - No P.O. Box #

8736 N.W. 149 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33018

Country

USA

3. Mailing Office Address

P.O. Box 01-3619

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33101-3619

Country

USA

7. Name and Address of Current Registered Agent

Name
Al Hernandez

Street Address (P.O. Box Number is Not Acceptable)
8736 N.W. 149 Terrace

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33018

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

REGISTERED AGENT MUST SIGN

Date 08/05/07

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	Al Hernandez	8736 N.W. 149 Terrace	Miami, FL. 33018
V	Jake Skoff	8736 N.W. 149 Terrace	Miami, FL. 33018
S	Adelma Rodriguez	8736 N.W. 149 Terrace	Miami, FL. 33018
T	Adelma Rodriguez	8736 N.W. 149 Terrace	Miami, FL. 33018
EM	Al H. Herman	8736 N.W. 149 Terrace	Miami, FL. 33018

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.

SIGNATURE:

Al Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/05/07

Date

305-949-8000

Daytime Phone #

FILED

07 AUG -8 AM 9:07

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-07

CR2E081 (1/07)

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

5. FEI Number

59-1738549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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08/08/07--01037--004 **450.00