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| To: Qualification/Tax Lien Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Platinum Data Svs | tems Tor. | |
| | ation - must include suffix) | and the second s |
| Dear Sir or Madam: | 800 | 003489768——8 -12/07/00—01010—002 ******70.00 ******70.00 |
| The enclosed "Application by Foreign Corporation f "Certificate of Existence", and check are submitted t transact business in Florida. | | siness in Florida", |
| Please return all correspondence concerning this mat | ter to the following: | W-29083 |
| John Cacenes | | |
| | of Person) | |
| Platinum Data | Tistems | |
| | Company) | . |
| 27.34 Van | Buren Street | |
| | ddress) | |
| Hollywood, FL | 33020 | |
| (City/s | State/Zip) | |
| Should you need to call someone concerning this ma | tter, please call: | |
| John Caceres at (954 | , 925-1871 | 00 SECI |
| (Name of Person) (Ar | rea Code & Daytime Telephone | Number) S |
| · | | JAN 26 |
| STREET ADDRESS: | MAILING ADDRESS: | |
| | | |
| Qualification/Tax Lien Section Division of Corporations | Qualification/Tax Lien Sect Division of Corporations | tion DA S |
| 409 E. Gaines St. | P.O. Box 6327 | unti |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 | 4nh 1/21 |
| Enclosed is a check for the following amount: | | 1/24 |
| \$70.00 Filing Fee Secretificate of Status | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 12, 2000

JOHN CACERES 2734 VAN BUREN STREET HOLLYWOOD, FL 33020

SUBJECT: PLATINUM DATA SYSTEMS, INC.

Ref. Number: W00000029083

We have received your document for PLATINUM DATA SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2300.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.150 for 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 900A00062542

This affidavit is in reference to a letter Number 900A00062542, Ref Number of W00000029083. Upon reviewing the sections 607.1501, 617.1501 and 608.502 it was determined that this is incorrect information on the application that was submitted in regards to Platinum Data Systems.

This affidavit is to certify that Platinum Data Systems is not and has not transacted business in Florida pursuant to section 607.1501 of the Florida Statutes. We therefore request that the penalty fees of \$2300.00 as per your document be canceled and be made null and void.

John Caceres

John Cares

NANCY MAGUIRE
MY COMMISSION # CC 936134
EXPIRES: September 2, 2004
Bended Thru Notary Public Underwriters

00 JAN 26 AM 1:5: SEGRETARY OF STATE TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) State or country under the law of which it is incorporated)

3. 56 | 954 865 (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridat 🗋 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

of which it is incorporated.

| 12. Names and addresses of officers and/or directors: (Str | eet address ONLY | - P.O. Box NOT ac | ceptable) | | | |
|--|--|--|-----------------|------|------|----------------|
| A. DIRECTORS (Street address only - P.O. Box NOT | acceptable) | | | | | |
| | | - | | - | | <u>-</u> |
| Address: 2734 Van Buren St | | | - | | | |
| Hallywood FL 33020 | | | | | | <u>-</u> |
| Vice Chairman: | | | | - | | |
| Address: | | | | | | |
| | , 1 | | | | | |
| Director: | | | | | | |
| Address: | | | , <u></u> | | | |
| | · *** W | | | | | |
| Di | | ······································ | | | | |
| Director: | | | | | | |
| Address: | | | | | | - |
| B. OFFICERS (Street address only - P.O. Box NO | T accentable) | | | | | |
| | | | | | | |
| President: | | | | 00 | | · |
| Address: | | | | JAN | | |
| | 14.00 | | - <u>22</u> | 99 1 | = | |
| Vice President: | | | E O | | | |
| Address: | | · · | <u> </u> | | | |
| | . <u>, , , , , , , , , , , , , , , , , , ,</u> | | | 55 | | |
| ecretary: | | | | , | | · |
| Address: | | | | | | |
| | | | | | | |
| reasurer: | | · . | | | | - |
| Address: | | , · | | | ,.,. | |
| | | | <u></u> | | | |
| NOTE: If necessary you may attach an addardom to the | muliantian listing | 442-1 6 | 1/ 1 | - | | |
| NOTE: If necessary, you may attach an addendum to the a | | acitional officers ar | id/or directors | • | | |
| 3 (Signature of Chairman, Vice Chairman, or | 7 r any officer listed | in number 12 of the | application) | | | , |
| 4 | | | | _ | | 4 |
| (Typed or printed name a | nd capacity of pers | son signing applicati | on) | • | | ·` |

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLATINUM DATA SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER_CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

OO JAN 26 AM 1:53
SEGRETARY OF STATE
TALL ASSESSED FOR COMMA

Edward J. Freel, Secretary of State

AUTHENTICATION: 0807553

001585666

2573668 8300

DATE: 11-21-00