

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F82-4939**

1. Corporation Name

**Data Cell Systems, Inc.**

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

**250 Highway 3201**

Suite, Apt. #, etc.

City & State

**Winnsboro, LA**

Zip

**71295**

Country

**US**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

CR2B061 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**9-30-02**

5. FEI Number

**86-0753323**

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

**National Corporate Research, Ltd.**

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

**155 Office Plaza Drive**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

**100247133971  
04/23/13--01003--014 \*\*1200.00**

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

**Amy Brown**

REGISTERED AGENT MUST SIGN

Date **4/22/2013**

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
President	Darold Parker	219 Oliver Road	Winnsboro, LA 71295
Vice President	Bruce Budagher	13220 Canyon Edge Trail	Albuquerque, NM 87111
Sec/Treas	Lawanda Parker	219 Oliver Road	Winnsboro, LA 71295
CFO	Christie Fenn	3209 McDuff Drive	Winnsboro, LA 71295

10. E-mail Address: **cfenn@data-cell.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

**Christie Fenn**

Christie Fenn

4/22/13

318-435-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23**