

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G43472

1. Corporation Name

Florida Datamation, Inc.

2. Principal Office Address

1123 SW 21st Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

3. Mailing Office Address

1123 SW 21st Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33486

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified

To Do Business in Florida 06/14/1983

5. FEI Number

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

Michael S. Scheidell

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

1123 SW 21st Street

Suite, Apt. #, Etc.

City

Boca Raton, FL

State
FL

Zip Code

33486

700009300197

12/02/02--01063--009 **1201.75

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 11/08/02

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
DP	Michael S. Scheidell	1123 SW 21st St.	Boca Raton, FL 33486
V	Susan Scheidell	1123 SW 21st St.	Boca Raton, FL 33486

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:

Michael S. Scheidell

10/31/02

561-368-9561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

g 12/4/02