

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 28 AM 6:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

521564

1. Corporation Name

U.S. Datatron, Inc.

2. Principal Office Address

8895 N. MILITARY TRAIL PO Box 30605

Suite, Apt. #, etc.

Bldg. 302-C

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

USA

City & State

PALM BEACH GARDENS, FL

Zip

33420

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/86

5. FEI Number

592715491

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

MELVYN HIRSCH

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

7 CARRICK RD.

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS,

State

FL

Zip

33418

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

Melvyn Hirsch

REGISTERED AGENT MUST SIGN

Date

7/27/2000

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
C	MELVYN HIRSCH	7 CARRICK RD.	PALM BEACH GARDENS FL 33418
P	GARY R. COHN	8125 NATIVE DANCER RD. EAST	" " " 33418
S	HARVEY V. GASN	1091 LAKESHORE DR.	JUPITER, FL 33458

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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:

Melvyn Hirsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/2000

Daytime Phone #

561-227-2110

CR2E081 (9/99)