

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 24 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J75814

1. Corporation Name  
Datafax Credit Bureau of West  
Palm Beach and Southeastern Florida,  
Inc.

2. Principal Office Address <u>400 SE 12th Street</u> Suite, Apt. #, etc. <u>Bldg # E</u> City & State <u>Ft. Lauderdale, FL</u> Zip <u>33316</u> Country <u>Broward</u>	3. Mailing Office Address <u>400 SE 12th Street</u> Suite, Apt. #, etc. <u>Bldg # E</u> City & State <u>Ft. Lauderdale FL</u> Zip <u>33316</u> Country <u>Broward</u>
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10/24/02--01073--001 \*\*750.00  
**REINSTATEMENT 02**

4. Date Incorporated or Qualified  
To Do Business in Florida 6.3.1987.

5. FEI Number <u>521518377</u>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Thomas W. Mahaney - PDC  
Street Address (P.O. Box Number is Not Acceptable)  
1724 SE 7th St.  
Suite, Apt. #, Etc.  
City  
Ft. Lauderdale State  
FL Zip Code  
33316

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 Thomas W. Mahaney  
REGISTERED AGENT MUST SIGN

Date 10.21.02

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
<u>PDC</u>	<u>Thomas W. Mahaney</u>	<u>1724 SE 7th St.</u>	<u>Ft. Lauderdale FL 33316</u>

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:

Thomas W. Mahaney 10.21.02 954.835.9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)