

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE

FILED

03 OCT 24 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015676

Name and Mailing Address

0008207 01 AT 0.292 **AUTO TO 0 0615 33308-235381



DATA STREAM MARKETING, LLC
5555 N. OCEAN BLVD. #81
FT. LAUDERDALE FL 33308-2353



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/17/2002	
Principal Place of Business 5555 N. OCEAN BLVD. #81 FT. LAUDERDALE FL 33308	3. New Principal Place of Business Address		6. FEI Number X 48-1264766
	City, State, Zip		Applied For Not Applicable
		7. X CERTIFICATE OF STATUS DESIRED X \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CATTANACH, JAMES 5555 N. OCEAN BLVD. #81 FT. LAUDERDALE FL 33308	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000024063790 10/24/03--01012--022 **155.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/21/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CATTANACH, JAMES	5555 N. OCEAN BLVD. #81	FT. LAUDERDALE FL 33308
MGRM	MORALES, BERT	481 E. 64 ST.	HIALEAH FL 33013

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager SIGNATURE REQUIRED Date 10/21/03 Daytime Phone # 954-599-8861 954-785-7222 Home