

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 25 PM 4:33

DOCUMENT # L15392

1. Corporation Name

DataWorks, Inc.

2. Principal Office Address

501 Goodlette Rd. N

Suite, Apt. #, etc.

Suite C-206

City & State

Naples, FL

Zip

34102

Country

US

3. Mailing Office Address

501 Goodlette Rd. N

Suite, Apt. #, etc.

Suite C206

City & State

Naples, FL

Zip

34102

Country

US

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

5. FEI Number

65-0156303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

7. Name and Address of Current Registered Agent

Name

Cecil, Mark William

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

11254 San Sebastian Lane

Suite, Apt. #, Etc.

300004679179-5

11/14/01-01081-004

****750.00 ****750.00

City

Bonita Springs

State

FL

Zip Code

34135

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

[Signature]

REGISTERED AGENT MUST SIGN

Date October 22, 2001

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>D,P</u>	<u>Cecil, Mark William</u>	<u>11254 San Sebastian Lane</u>	<u>Bonita Springs FL 34135</u>
<u>T</u>	<u>Schwarz, Nick C</u>	<u>6661 107 Ave N</u>	<u>Naples, FL 34108</u>
<u>V</u>	<u>Ardizoni, Guy E</u>	<u>1636 Northgate Dr</u>	<u>Naples, FL 34105</u>
<u>V</u>	<u>Seixas, Patricia J</u>	<u>3785 Fieldstone Blvd #206</u>	<u>Naples FL 34109</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:

[Signature]

Mark W. Cecil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01

Date

941-5975300

Daytime Phone # X500

CR2E081 (9/00)