

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 APR -2 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/08/97--01024--014  
\*\*\*1645.00 \*\*\*1645.00

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT #** L70617

1. Corporation Name  
**DATA MAGIC SOLUTIONS, INC.**

Principal Place of Business Mailing Address

**4710 NW 102 AVENUE UNIT #102  
MIAMI, FL 33178**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MAY 2, 1990	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0201783	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T	GLADYS FUENTES	5018 SW 148 PLACE	MIAMI, FL 33185
V/S	MADLINE CAMEJO	4710 NW 102 AVENUE UNIT #102	MIAMI, FL 33178

**REINSTATEMENT** 91-97  
A. Alan  
4/2/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MADLINE CAMEJO 1800 W. 49 STREET HIALEAH, FL 33012		Name GLADYS FUENTES	
		Street Address (P.O. Box Number is Not Acceptable) 5018 SW 148 PLACE	
		Suite, Apt. #. Etc.	
		City MIAMI	State FL
		Zip Code 33185	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Gladys Fuentes REGISTERED AGENT MUST SIGN Date 3/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: Gladys Fuentes Gladys Fuentes 3/27/97 (305) 593-8271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)