

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 91-97  
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

9737 NW 41 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #320

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33178

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 2, 1990

5. FEI Number

65-0201783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 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

MADLINE CAMEJO  
1800 W. 49 STREET  
HIALEAH, FL 33012

9. Name and Address of New Registered Agent

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

*Glady 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:

*Glady Fuentes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/97 (205) 593-8271

Daytime Phone #

CR2E040 (12/96)