PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS | FILED
02 OCT 23 PM 12: 30
SECRETARY OF STATE
TALLAHASSEE. FLORIDA |

DOCUMENT # NO1000006352

1. Corporation Name

Data Managment & Training Group Inc

4000084916124 -- 2
-10/21/02--01111--001
****236.25 ****236.25

2. Principal Office Address

9838 Old Baymeadws Rd

Suite, Apt. #, etc.

321

City & State

Jacksonville, FL

Zip 32256   Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida   10/d/01

5. FEI Number 59-3741840   Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name Kessler Holzendorf

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

9838 Old Baymeadws Rd

Suite, Apt. #, Etc.

#321

City Jacksonville   State FL   Zip Code 32256

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 Kessler Holzendorf

REGISTERED AGENT MUST SIGN   Date 10/11/02

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
Pres	Kessler Holzendorf	7511 Fawn LK Dr S	Jax, FL 32256
VP	Mark Gruszecki	7511 Fawn LK Dr S	Jax, FL 32256
VP	Kevin Holzendorf	9838 Old Baymeadw Rd #321	Jax, FL 32256

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: Kessler Holzendorf   Kessler Holzendorf   10/11/02   904 880 0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)