

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG -1 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027019

1. Corporation Name

dtidata.com

yBR
01-02

2. Principal Office Address

1155 Pasadena Ave S.

Suite, Apt. #, etc.

H

City & State

South Pasadena

Zip

33707

Country

U.S.

3. Mailing Office Address

1155 Pasadena Ave S.

Suite, Apt. #, etc.

H

City & State

South Pasadena

Zip

33707

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/2000

5. FEI Number

59-363-5166

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

William LaFe mina

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

1155 Pasadena Ave S.

Suite, Apt. #, Etc.

H

City

South Pasadena

State

FL

Zip Code

33707

300006981643--4

08/08/02 01078-006

****300.00 ****300.00

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

W Z Z

REGISTERED AGENT MUST SIGN

Date 7/30/02

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.	Dave Mohyla	2802 Pasagrille way	St. Pete. FL 33706

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)(l), 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:

Dave Mohyla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02

Date

727-345-9665

Daytime Phone #

CR2E081 (9/01)

B

Attachment

2052
PO0000027019

dtidata.com

**1155 SOUTH PASADENA AVE #H
SOUTH PASADENA FL 33707
727 345 9665**

To Whom It May Concern:

We never received our first business form because our accountant had a heart attack. We now have a new accounting firm and are trying to get back on track. Thank you for helping us.

Regards,
Bill LaFemina
x.204
www.dtidata.com