

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 AM 9:16

DOCUMENT # P00000028387

1. Corporation Name

KNOWLEDGE DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

4744 S.W. 74TH AVE.
MIAMI FL 33155

4744 S.W. 74TH AVE.
MIAMI FL 33155



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

255 East Flagler Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Third Floor

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33131

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2000

5. FEI Number

65-0992379

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHAVEZ, JUAN O	13499 BISCAYNE BOULEVARD #1711	NORTH MIAMI FL 33181
D	OLANO, NICOLAS	1172 SOUTH DIXIE HIGHWAY	CORAL GABLES FL 33146
D	GAMBETTI, WILLIAM	1172 SOUTH DIXIE HIGHWAY	CORAL GABLES FL 33146
			400004654404--1 -10/26/01--01023--008 ****758.75 ****758.75 10/25

8. Name and Address of Current Registered Agent

OLANO, NICHOLAS
4744 S.W. 74TH AVE.
MIAMI FL 33155

255 East Flagler Street
Third Floor
Miami, FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

305 377 8838