

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 PM 2:40

DOCUMENT # PD1000042560

1. Corporation Name
DataTron Communications, Inc.

200023936742
10/20/03--01009--004 **758.75

2. Principal Office Address
6245 Pennsylvania Ave
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 748
Suite, Apt. #, etc.

REINSTATEMENT 03

City & State
New Port Richey, FL
New Port Richey, FL

Zip Country
34653 USA
34650 USA

4. Date Incorporated or Qualified To Do Business in Florida 04/27/01

5. FEI Number 59-3718783
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
Angela Petersen

Street Address (P.O. Box Number is Not Acceptable)
6245 Pennsylvania Avenue

Suite, Apt. #, Etc.

City State Zip Code
New Port Richey FL 34653

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 Angela Petersen
REGISTERED AGENT MUST SIGN
Date 9/29/03

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
-P-	David L. Petersen	6245 Pennsylvania	New Port Richey, FL 34653
V	Angela Petersen	6245 Pennsylvania	New Port Richey, FL 34653

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: Angela Petersen / Angela Petersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9/29/03
Daytime Phone # 727-815-3282

CR2E081 (10/02)