

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

REINSTATEMENT 03

2. Principal Office Address 6245 Pennsylvania Ave Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 748 Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34653	Country USA	Zip 34650	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/27/01	
5. FEI Number 59-3718783	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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: New Port Richey State: FL Zip Code: 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 9/29/03 727-815-3282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)