

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -5 PM 1:22

DOCUMENT # P02000002988

**1. Corporation Name**

THE DATA MARKETPLACE, ~~INC.~~ Corp  
C/o MICHAEL JAFFEE, CPA

**2. Principal Office Address**

1601 N. PALM AVE #309C

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33026

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01-09-02

**5. FEI Number**

01-0570746

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

MICHAEL JAFFEE, CPA

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

1601 N. PALM AVE #309C

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33026

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/29/05

**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
D	PETER ROCCISANO	200. W RIVERBEND DRIVE	SUNRISE, FL 33326

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-29-05

Daytime Phone #

**Michael S. Jaffee, CPA, P.A.**  
Certified Public Accountant

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April 29, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Data MarketPlace, Corp.  
EIN: 01-0570746

Dear Ma'm:

Pursuant to a conversation I had last Friday afternoon with a representative of the Department of State, I am enclosing a check in the amount of \$ 300 to kindly be credited to the 2004 and 2005 UBR for the above referenced corporation.

Neither the corporation nor any of its representatives received the pre-printed form from the State. I believe the cause of this is the result the State does not have the correct mailing address for The Data MarketPlace, Corp. I have made the necessary corrections on the enclosed UBR Form.

Thank you in advance for your understanding.

Respectfully,

  
Michael S. Jaffee, CPA