

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 25 PM 12:53

SECRET
TALLAHASSEE

DOCUMENT # P 02 000021 928

1. Corporation Name

DATA INFORMATION CENTER INC
8782 NW 20TH MANOR
CORAL SPRINGS FL 33071

2. Principal Office Address

8782 NW 20TH MANOR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

3. Mailing Office Address

8782 NW 20TH MANOR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2002

5. FEI Number

41-2029166

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

NATHAN WOLF

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

8782 NW 20TH MANOR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

N. Wolf

Date 7/18/05

REGISTERED AGENT MUST SIGN

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, S, T D	NATHAN WOLF	8782 NW 20TH MANOR	CORAL SPRINGS FL 33071

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:

N. Wolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/18/05 954-294-7884

Daytime Phone #

CR2E081 (01/05)

GARY PAUL WACHSMAN CPA PA

6693 GARDE ROAD
BOYNTON BEACH FL 33437
(561)-389-0935
FAX:(561)-740 7780
WACHSTAX@BELLSOUTH.NET

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JULY 18,2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST
TALLAHASSEE FL 32399

GENTLEMEN:

ENCLOSED IS CORPORATION REINSTATEMENT APPLICATION FOR DATA
INFORMATION CENTER INC (# 902000021928) TOGETHER WITH ITS CHECK
IN THE AMOUNT OF \$450.00 .

MY CLIENT WAS NOT AWARE THAT HE HAD TO FILE ANNUALLY AND
NEVER RECEIVED ANY NOTICES AS HIS ADDRESS HAD BEEN CHANGED
AND THE FORMS WERE NOT FORWARDED BY THE POST OFFICE.

HE WOULD APPRECIATE YOUR ACCEPTING THIS APPLICATION AND
CHECK.

SINCERELY,



GARY PAUL WACHSMAN CPA