

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W06000051663

FILED

06 DEC 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075751

1. Corporation Name

DATAWAZE CORPORATION

2. Principal Office Address

304 MALDONADO DRIVE

3. Mailing Office Address

P.O. BOX 662

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA BEACH, FL

City & State

GULF BREEZE, FL

Zip

32561

Country

USA

Zip

32562

Country

USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida 07/08/2002

5. FEI Number
36-4502559

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 S. MCDUFFIE

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

1502 SOUTH FERDON BLVD

Suite, Apt. #, Etc.

300082101783

11/28/06--01034--027 ***BU .08

City

CRESTVIEW, FL

State

FL

Zip Code

32536

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

Michael S. McDuffie
REGISTERED AGENT MUST SIGN

Date 11/22/06

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
PSD	TERENCE E JOYCE	304 MALDONADO DRIVE	PENSACOLA BEACH, FL 32561
		125 Highpoint Dr	Gulf Breeze, FL 32561

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 contained in Chapter 119, 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

11/22/06 550-384-8873

Daytime Phone #

2/2

Datawaze Corporation
P.O. Box 662
Gulf Breeze, FL 32562

Phone: (850) 682-4357

November 21, 2006

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

RE: Reinstatement Application – Datawaze Corporation
P02000075751

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the \$600.00 reinstatement fee be waived. I did not receive the annual report notice for the year 2003. Because I did not receive the dues notice and renew the corporation for 2003, I did not receive a notice for 2004, 2005 or 2006.

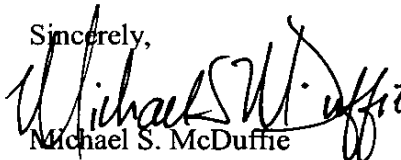
I did not realize that none of the reports for these years (2003 - 2006) had not been paid and filed until my bank brought it to my attention that my corporation had been dissolved.

Based on the explanation in this letter, please accept the enclosed check of \$600.00 to pay the annual fees (\$150.00 per year) for 2003 - 2006; and reinstate my corporation as quickly as possible

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,


Michael S. McDuffie
Registered Agent