

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000027410

1. Corporation Name

Database Engineering Consulting Inc.

2. Principal Office Address - No P.O. Box #

5666 Green Island Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5666 Green Island Dr.

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

Lake Worth

Zip

33463

Country

US

Zip

33463

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2003

5. FEI Number

030510344

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

Marta Rodriguez

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

5666 Green Island Dr.

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **12/7/2009**

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
PD	Marta Rodriguez	5666 Green Island Dr.	Lake Worth/FL/33463

10. E-mail Address: **martarprol@yahoo.com**

(To be used for future annual report notification)

11. 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, further certify, 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:

Marta Rodriguez

12/7/2009 5615740897

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