


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000001615	
1. Entity Name NATIONWIDE DATA RECOVERY, INC.	

FILED

09 JAN 20 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5050 NW 74 AVE SUITE B MIAMI, FL 33166	Mailing Address 5050 NW 74 AVE SUITE B MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 15075 SW 137 st	3. Mailing Address 15075 SW 137 st
Suite, Apt. #, etc. Suite #1	Suite, Apt. #, etc. Suite #1
City & State Miami, FL	City & State Miami, FL
Zip 33196	Country

01152009 REIN-P CR2E098 (1/07)

4. FEI Number 20-2102089	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILERA, Pelayo 15715 S DIXIE HWY UNIT 313 MIAMI, FL 33157

7. Name and Address of New Registered Agent Name Pelayo Milera Street Address (P.O. Box Number is Not Acceptable) 15075 SW 137 st, Unit #1 Miami, FL 33196 City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	1/15/09
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<table border="1"> <tr> <td>SIGNATURE: _____</td> <td>1/15/09</td> <td>305-233-9147</td> </tr> <tr> <td><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td> <td><small>Date</small></td> <td><small>Daytime Phone #</small></td> </tr> </table>	SIGNATURE: _____	1/15/09	305-233-9147	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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