

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000060745

1. Corporation Name

DATA ANALYSIS GROUP, INC.

WI-2020

FILED

10 FEB -4 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

000166065500  
01/13/10--01034--002 \*\*150.00  
CR2E081 (11/09)

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

620 NW 23RD STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32607

Country

USA

3. Mailing Office Address

620 NW 23RD STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

Zip

32607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04/25/2005

5. FEI Number

364573088

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

JAY CURTIS

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

620 NW 23RD STREET

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

☒ 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.

000166065500  
02/04/10--01005--025 \*\*300.00

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

REGISTERED AGENT MUST SIGN

Date 1-11-10

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
PR	JAY CURTIS	620 NW 23RD STREET	GAINESVILLE FL 32607

10. E-mail Address: YSRMAN@GMAIL.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. I 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

JAY CURTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/10

Date

407-342-5387

Daytime Phone #