

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**00 SEP -8 AM 11: 33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000027879**

1. Corporation Name **DATA CORP INTERNATIONAL INC.**  
**801 WEST 49 STREET**  
**SUITE # 218-B**  
**HIALEAH, FLORIDA 33012**

2. Principal Office Address  
**801 WEST 49 STREET**

3. Mailing Office Address

Suite, Apt. #, etc.  
**218-B**

Suite, Apt. #, etc.

City & State  
**HIALEAH, FLORIDA**

City & State

Zip  
**33012**

Country  
**U.S**

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida **04/14/1993**

5. FEI Number **65-0435680**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **X** 3.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name **PEDRO M. LAU**

Street Address (P.O. Box Number is Not Acceptable)  
**801 WEST 49 STREET**

**200003389712-3**  
**-09/12/00-01041-013**  
**\*\*\*1260.00 \*\*\*1260.00**

Suite, Apt. #, Etc.  
**218-B**

City **HIALEAH**

State  
**FL**

Zip Code **33012**

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

**09/08/2000**

Date

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
PRSS	PEDRO M. LAU	801 WEST 49 STREET SUITE # 218-B	HIALEAH, FLORIDA 33012
V-PRE	PEDRO M. LAU		
TREA	PEDRO M. LAU		
SECT	PEDRO M. LAU		

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:

**09/08/2000**

**305-826-9774**

**KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #