

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</p>	
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DOCUMENT # P93000039762

1. Corporation Name
DATAQUIP, INC.

FILED

97 OCT 27 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Mailing Address	Principal Place of Business
8603 S. Dixie Hwy., #303 Miami, Florida 33143	8603 S. Dixie Hwy., #303 Miami, Florida 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

AD

94-97

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/04/1993
City & State	City & State	5. FEI Number
Zip	Country	65-0414335
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/D	Juan Rodriguez	8603 S. Dixie Hwy., #303	Miami, Florida 33143

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-10/28/97--01033--005
***1245.00 ***1245.00

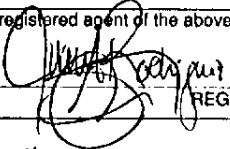
8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Juan Rodriguez
8603 S. Dixie Hwy., #303
Miami, Florida 33143

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **October 15, 1997**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  **Juan Rodriguez, President** 10/15/97 (305) 669-0580

CR2E040 (6/94)