

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
00 OCT 18 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086644

1. Corporation Name

DATA TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

3151 SW 14TH PLACE
BAY 1
BOYNTON BEACH FL 33426
US

3151 SW 14TH PLACE
BAY 1
BOYNTON BEACH FL 33426
US

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



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0460248	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WAIT, JEFFERY	3473 GONDOLIER WAY	LANTANA FL
VPST	THEODORE, FADNER	3473 GONDOLIER WAY	LANTANA FL
			600003442076--9 -11/01/00--01056--011 ****758.75 ****758.75
PO	Wait, Jeffery	1501 39th St	West Palm Beach FL 33407

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WAIT, JEFFERY 3151 SW 14TH PLACE BAY 1 BOYNTON BEACH FL 33426		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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: [Signature] **SIGNATURE REQUIRED** Date: 10/16/00
REGISTERED AGENT MUST SIGN

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 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: [Signature] Jeffery H. Wait Date: 10/16/00 (561) 369-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR02040 (800)