

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000067791**

00 OCT 17 AM 9:02

1. Corporation Name
VIRTUAL DATA SYSTEMS INC.

Principal Place of Business	Mailing Address
7351 NW 7TH ST. G MIAMI FL 33126	7351 NW 7TH ST STE G MIAMI FL 33126



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.	09/01/1995
City & State	City & State	5. FEI Number
Zip	Country	65-0612180
		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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LLORENS, PEDRO	7351 NW 7TH ST STE G	MIAMI FL 33126
VP	MOCANU, VIRGIL	7351 NW 7TH ST	MIAMI FL 33126
VP	Mocanu, Virgil	7351 NW 7th St. Suite G	Miami, FL. 33126
			200003440892--0 -10/26/00--01083--011 ***150.00 ***150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LLORENS, PEDRO 7351 NW 7TH ST STE G MIAMI FL 33126	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 REQUIRED** Date 10-12-00
 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 REQUIRED** Date 10-12-00 Daytime Phone # 305 269-9997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



VIRTUAL DATA SYSTEMS, INC.



October 16, 2000

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL. 32399

RE: Corporate Reinstatement

Dear Sirs:

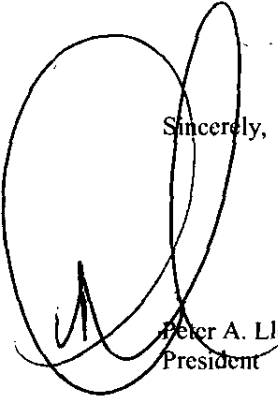
We recently received your notice in reference to our corporate reinstatement.

This notice has us somewhat surprised since we always try to pay our corporate renewal fee as soon as we receive notice to pay.

I am sending you this notice (and corrections) with our standard renewal fee of \$ 150.00 via overnight delivery in the hopes that this payment will reach you as soon as possible. I also ask that you please check your records because we honestly have not received anything prior to this notice by mail. I also ask that you please accept this renewal payment in good faith due to the fact that we received no prior information in reference to this corporate renewal fee. If there exists some form of direct withdrawal for this fee either by checking account or even credit card, we would be very interested in receiving more information about this so we do not have this happen to us again.

I appreciate your attention and assistance in reference to this matter. I would also like to apologize for any inconvenience this may have caused.

Sincerely,


Peter A. Llorens, P.E.
President