

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR -2 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012002

1. Corporation Name

Data Warehouse Corporation

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 17678 Lamond St		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33487	Country Palm Beach	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/05/1997	
5. FEI Number 650725435	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Benjamin Waldshan Rudolf S Hoffman, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 17678 Lamond St 615 N.E. Third Avenue	
Suite, Apt. #, Etc. 33304	
City Boca Raton Fort Lauderdale	State FL Zip Code 33487

☐ 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.

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 *Henry 2 Rndy Pres.* Date **3-30-07**
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
PD	Benjamin Waldshan	17678 Lamond St	Boca Raton, FL 33487
VPDT	Michael Kopitz	6033 NW 91 Ave	Parkland, FL 33067
DVPS	Jeffrey Abramson	2501 NW 49 St	Boca Raton, FL 33434

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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 contained in Chapter 119, 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:

Benjamin Waldshan **Benjamin Waldshan** 3/26/07 (561) 237-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten signature/initials