

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

APPROVED
AND
FILED

00 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064530

1. Corporation Name

PLATINUM DATACOM, CORP.

Principal Place of Business

Mailing Address

8328 NW 7 STREET
SUITE 137
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

175 FONTAINBLEAU BLVD

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2 B

5. FEI Number

Applied For

City & State
MIAMI, FLORIDA

City & State

65-0852372

Not Applicable

Zip

Country

Zip

Country

33172

USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	MONICA CASTREJON	175 FONTAINBLEAU BVD # 2B	MIAMI, FLORIDA 33172
VD	JACOBO BERACASA	175 FONTAINBLEAU BLVD # 2B	MIAMI, FLORIDA 33172

REINSTATEMENT 97-200

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ FELIX
8310 NW 7 STREET
MIAMI, FL 33125

Name
JACOBO BERACASA
Street Address (P.O. Box Number is Not Acceptable)
175 FONTAINBLEAU BLVD # 2B
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33172

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]

JACOBO BERACASA

REGISTERED AGENT MUST SIGN

Date

2/28/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOBO BERACASA

Date

2/14/00 (805) 229 0705

Daytime Phone #

CR2E081 (12/98)