

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

758.75

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000084092

1. Corporation Name

DATASOURCE2000, INC.

FILED
00 OCT 18 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4525 S FLORIDA AVE
SUITE #6
LAKELAND FL 33809

Mailing Address

4525 S FLORIDA AVE
SUITE #6
LAKELAND FL 33809

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3554693

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NEWMAN, ANTHONY	3520 CLEVELAND HEIGHTS BLVD., SU 5250 QUIET CREEK LN	LAKELAND FL 33809- 33811

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-11/02/00--01085-017
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWMAN, ANTHONY

3520 CLEVELAND HEIGHTS BLVD., SUITE 230
LAKELAND FL 33809

Name

NEWMAN, ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

5250 QUIET CREEK LANE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33811

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
REGISTERED AGENT MUST SIGN

Date x 10/13/00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

x 10/13/00

Daytime Phone #

863-885-
0461

CR2040 (800)