	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	COMPLETI	NG THIS FOP	RM. pagelurz	
	PLICATION	FLORIDA	A DEPARTMEI Katherine Ha Secretary of S	NT OF STATE a rris State	i i	FILED	·	
REINSTATEMENT DIVISION OF CORPORATIONS						00 0CT 24 PM 3: 12		
DOCUMENT # P9900091964						SARAFALOR OF STATE TALLARASOBEFUORIDA		
DATAC	COM MARKETING, CO	R P .						
Principal P	Place of Business	ISS			a mith analo maist antist noist a	10(18-1018) 100(0-2030) 00(11-6)61-106)		
	THWEST 113TH WAY PRINGS FL 33071	WEST 113TH WAY NGS FL 33071						
	addresses are incorrect in any way, line t	hrough incorrect inf	formation and enter	correction below.			ı	
11324 Wiles Road			ng Office Address, If Applicable		4. Date Incorpo To Do Busir	orated or Qualified tess in Florida	10/20/1999	
Suite, Apt.	#, etc. 1 Springs, FL	Suite, Apt. #, 0	Wiles R	ood	5. FEI Number	omulars	Applied For	
City & Stat 330	76		SUATASS ;	FL	60	954827	Not Applicable	
Zip	BRUWARd	zip 33076	Countr BAU	cuall	CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flor		ations must list at lease eet Address of Eacl				
Title(s)	and/or Directors				r City / State / Zip			
PSTD				ST 113TH WAY	CORAL SPRINGS FL 33071			
		· · · · · · · · · · · · · · · · · · ·				000034:	369948	
		- PR:			f)V	- <u>TS</u>		
		Difference d	Call Burg R San C &					
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent		
343 A	GEL & UTRERA, P.A. ALMERIA AVENUE AL GABLES FL 33134		Robert T SLATOFF Street Address (P.O. Box Number is Not Acceptable) 7805 S.W. GH Count Suite, Apt. #, Etc.					
10. I, being appointed the registered agent of the above named corporation, am familiar with					City Planfation State Zip Code FL 3334 (th and accept the obligations of Section 607.0505, F.S.			
10. I, bein Signature Registered	of ABIGAR	TURE REGISTERED AGE	REQU	IRED		Date	[23/00	
this rei owed t	y that I am an officer or director or the re- instatement application, the reason for di by the corporation have been paid and th application is true and accurate, and my	ceiver or trustee em ssolution has been e names of individu	npowered to execute eliminated, the corputation the corputation the corputation the corputation of the corpu	prate name satisfies m do not qualify for	s the requirements r an exemption un	of section 607.0401 or	617.0401, F.S., that all fees	
SIGNA		VILE -			101	23/60 Date	754242865 Daytime Phone #	

PAYE ENZ

00 OCT 24 PM 1: 03

AHASSEE, FLORIDA OF CORPORATIONS

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CND

RECEIVED

	ACCOUNT NO. : 07210000032
	REFERENCE : 873744 9029A
	AUTHORIZATION : Tatucia Mut
	COST LIMIT : \$ 750.00
ORDER TIME ORDER NO. CUSTOMER NO	
CUSTOMER:	Bruce Hurwitz, Esq Frank Weinberg & Black, Pl 7805 Sw 6th Court
	Plantation, FL 33324

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•

NAME :

- . N

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DATACOM MARKETING, CORP.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY					
XX	PLAIN STAMPED COPY					
	CERTIFICATE OF GOOD STANDING					

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS