

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 21 PM 3:20

DOCUMENT # P99000091964

1. Corporation Name

DATACOM MARKETING, CORP.

2. Principal Office Address

1440 Coral Ridge Dr.

3. Mailing Office Address

1440 Coral Ridge Dr.

Suite, Apt. #, etc.

# 336

Suite, Apt. #, etc.

# 336

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip  
33071

Country

Broward

Zip  
33071

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/1999

5. FEI Number

65-0954827-

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert T. Slatoff

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

7805 S.W. 6th Court

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

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

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
P/S/T/ D	Brendan Battles	1440 Coral Ridge Dr., #336	Coral Springs, FL 33071

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 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:

*Brendan Battles* Brendan Battles 2/7/02 302 373 4549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)