| | | | | | |
|---|---|--|--|---|--|
| PLEASE I | READ ALL INST | TRUCTIONS | BEFORE C | COMPLETING THIS F | ORM. |
| APPLICATION FOR | FLORID | A DEPARTMEN Sandra B. Mor | IT OF STATE | | |
| REINSTATEMENT | D | IVISION OF CORPOR | | | LED |
| DOCUMENT # 5 5/264 | | | | 98 MAR 31 AM 9:53 | |
| DATA WORLD INC | | | | SECRETARY OF STATE TALLAHASSEE. FLORIDA | |
| Principal Place of Business | Mailing Addi | ress | | | |
| MIAMI | l avenue sui FL 33129 | | | INSTATEMEN | T 92-98 |
| New Principal Office Address, If Application | | th incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable | | Date Incorporated or Qualified | AT |
| Suite, Apt. #, etc. | Suite, Apt. # | Suite, Apt. #, etc. | | To Do Business in Florida | 5/6/1991 |
| City & State | City & State | City & State | | 5. FEI Number 65-0259296 | Applied For Not Applicable |
| 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 (Flo | orida nonprofit corporat | tions must list at lea | ast 3 directors) | |
| Title(s) 1 Name of Officers and/or Directors 2 | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu | | · [| City / State / Zip |
| P/VP/T/S MARCOS CA | ARPENTER | Miami FI | | | 771008 |
| | | | | -U4/U2/ ****SD | 9801082003 8.75 ****908.75 |
| 8. Name and Address of | f Current Registered Age | ent | | 9. Name and Address of New Reg | Istered Agent |
| Name | | | | | |
| MTAMT FI. 33186 | | | | (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | | | | | _ |
| _ | / | | City | | State Zip Code |
| I, being appointed the registered agents Signature of Registered Agent | of the above named corporation | assente | and accept the ob | Digations of Section 607.0505, F.S. Date $3/25$ | |
| 11. This corporation owe Intangible Personal F | s or has paid the Property tax due | e current yea June 30. | r Yes 🗖 | No 🔛 (See | other side for information on intangible tax.) |
| 12. I certify that I am an officer or director of this reinstatement application, the reast owed by the corporation have been paid on this application is true and accurate. | on for dissolution has been d and the names of individu | eliminated, the corpora uals listed on this form | ate name satisfies t do not qualify for a | the requirements of section 607.0401 (an exemption under section 119.07(3)) | or 617 040 1 FS that all foos |

SIGNATURE:

Maus Cayalle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING BARRIOR 3/25/98 Date (305)8562430