

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S83413**

Corporation Name

I.D. DATRAN II, INC.

FILED

99 DEC 22 PM 12:

SECRETARY OF STATE
TALLAHASSEE, FL

Principal Place of Business

Mailing Address

130 S. DADELAND BLVD.
SUITE 100
MIAMI FL 33156
S

9130 S. DADELAND BLVD.
SUITE 100
MIAMI FL 33156
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

216 S. International Ave
Suite, Apt. #, etc.

216 S. International
Suite, Apt. #, etc.

City & State

City & State

Hollywood CO
Zip 80734 Country USA

Hollywood CO
Zip 80734 Country USA

REINSTATEMENT

09/27/1991

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0317400

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
JVS	GLAS, RICARDO	9130 S. DADELAND BLVD.	MIAMI FL 33156
JP	PULENTA, LUIS A.	9130 S. DADELAND BLVD.	MIAMI FL 33156
D	Sundby, Dag	PMB 239 1550 Larimer St.	Hollywood, CO 80734

LS

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-01/04/00--01068--001
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

12-5-99

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

12/13/99

Daytime Phone #

970-854-3560