

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36308**

1. Corporation Name
DATAFAC SOFTWARE & SERVICES CORPORATION
5769 N.W. 7TH STREET
SUITE # 157
MIAMI, FLORIDA 33126

2. Principal Office Address
5769 N.W. 7TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.
SUITE 157

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip Country
33126 U.S.

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **05/14/1992**

5. FEI Number **26-0006154** 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 **EDWARD KOZIAL** 100004795311-1
Street Address (P.O. Box Number is Not Acceptable) **5769 N.W. 7TH STREET** -01/24/02--01085--009
Suite, Apt. #, Etc. **SUITE 157** ***1341.25 ***1341.25
City **MIAMI** **FL** Zip Code **33126**

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 **[Signature]**
REGISTERED AGENT MUST SIGN

01/09/2002

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
PRES	EDWARD KOZIAL	5769 N.W. 7TH STREET SUITE 157	MIAMI, FLORIDA 33126
V-PRE	EDWARD KOZIAL	SAME	SAME
SECT	EDWARD KOZIAL	SAME	SAME
TREAS	EDWARD KOZIAL	SAME	SAME

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2002

Date

Daytime Phone # **305 624 5589**