PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
03 MAR 19 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36308

1. Corporation Name: DATAFAC SOFTWARE & SERVICES CORPORATION

000014852260
03/28/03--01002--012 **2258.75

2. Principal Office Address	3. Mailing Office Address
10505 NW 10 AVENUE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33150 / Country	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 [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MANUEL I. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 10505 NW 10 AVENUE

Suite, Apt. #, Etc.:

REINSTATEMENT 93-03 TB

City: MIAMI | State: FL | Zip Code: 33150

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: Manuel I. Gonzalez
REGISTERED AGENT MUST SIGN

Date: 03/18/2003

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	MANUEL I. GONZALEZ	10505 NW 10 AVENUE	MIAMI, FLORIDA 33150
Sect	EDMOND A. QUEENS	1801 SW 44 TERRACE	MIAMI, FLORIDA 33145
Trea	JOSEPHS F. LAFOUSE	113 NW 32 STREET	MIAMI, FLORIDA 33127

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: Manuel I. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03/18/03

Daytime Phone #: 305-551-7122