

PLEASE READ ALL INSTRUCTIONS BEFORE

**FILED**  
**Feb 10, 2003 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

F98000004021

**1. Corporation Name**

Ultradata Corporation

SECRETARY OF STATE -- 026 \*\*1050.00  
TALLAHASSEE, FLORIDA

800012234628  
02/10/03--01115--027 \*\*150.00

**REINSTATEMENT** 02-03

**2. Principal Office Address**

5000 Franklin Drive

Suite, Apt. #, etc.

**3. Mailing Office Address**

2939 Miller Road

Suite, Apt. #, etc.

**4. Date Incorporated or Qualified  
To Do Business In Florida**

7/14/1978

**5. FEI Number**

942746681

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**City & State**

Pleasanton, CA

**City & State**

Decatur, GA

**Zip**

94588

**Country**

USA

**Zip**

30035

**Country**

USA

**7. Name and Address of Current Registered Agent**

**Name**

CT Corporation

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

1200 South Pine Island Road

**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**

*Dale W. Morris*

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

REGISTERED AGENT MUST SIGN

**Date** 2-6-03

**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	Timothy C. Tuff	3406 Valley Circle	Atlanta, GA 30305
V/S	John C. Walters	4425 Pemberton Cove	Alpharetta, GA 30022
V/T	John D. Stake	5531 Edgerton Dr.	Norcross, GA 30092
AS	Sarah B. King	2939 Miller Road	Decatur, GA 30035

**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)(l), 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:**

*Sarah B. King*

Sarah B. King

Jan. 27, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E081 (9/00)