

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -4 PM 12: 01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L37500**
 1. Corporation Name
ACCUSERVE, INC.

Principal Place of Business Mailing Address
230 W FERN ST ONE TAMPA CITY CENTER, STE. 2100 TAMPA FL 33604 US
P O BOX 2765 ONE TAMPA CITY CENTER, STE. 2100 TAMPA FL 33601 US

REINSTATEMENT 9600

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/14/1989**
 5. FEI Number **59-2087690**
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HENSLEY, ROBERT E.	230 W FERN ST	TAMPA FL
D	POEHL, KYLE R.	3867 LAKE JOYCE DR	LAND O'LAKES FL
D	HENSLEY, DEBORA B.	230 W FERN ST	TAMPA FL

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 ***375.00 ***375.00

8. Name and Address of Current Registered Agent
HENSLEY, DEBORA B.
201 N FRANKLIN ST
STE 2100
TAMPA FL 33602

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code

10. 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]** **REGISTERED AGENT MUST SIGN** Date **10/31/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: **Kyle R. Poehl** **Kyle R. Poehl** **10/31/1996** **(813)239-1104**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2500 (7/95)