

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P93000088201**

1. Corporation Name

FINANCIAL DATA SERVICES, INC.

FILED
 00 OCT 16 PM 2:22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

4800 DEER LAKE DRIVE EAST
 JACKSONVILLE FL 32246

4800 DEER LAKE DRIVE EAST
 JACKSONVILLE FL 32246



REINSTATEMENT

(Handwritten initials)

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/28/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3749871	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4
CD	ALEX, HARRY P. CUMMINGS, JOHN W.	4800 DEER LAKE DRIVE EAST	JACKSONVILLE FL 32246
PD	BRIDY, WILLIAM A	4800 DEER LAKE DRIVE EAST	JACKSONVILLE FL 32246
T	PLESSER, ROBERT E.	4800 DEER LAKE DRIVE EAST	JACKSONVILLE FL 32246
VP	HOCKERSMITH, SHARON	4800 DEER LAKE DRIVE EAST	JACKSONVILLE FL 32246
D	GLENN, TERRY K.	4800 DEER LAKE DRIVE EAST	JACKSONVILLE FL 32246
D	MIDDLETON, DAVID	4800 DEER LAKE DR. E.	JACKSONVILLE FL 32246

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name	200003434372--1	
Street Address (P.O. Box Number is Not Accepted)	-10/23/00--01008--004 *****8.75 *****8.75	
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

(Handwritten Signature)
SIGNATURE REQUIRED
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date **10/16/00**

11. 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: *(Handwritten Signature)* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A. Bridy, President

10/12/00 Date **904-218-5288** Daytime Phone #

KE