PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 27 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061474

1. Corporation Name: Geodata Investments, Inc

Principal Place of Business / Mailing Address:
4102 W. North B Street
Tampa FL 33609

REINSTATEMENT 95-99 aD

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
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 8/18/1994

5. FEI Number: 59-3260508 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES. CEO	Andre Salazar	4102 W. North B. Street	Tampa FL 33609

COLLECTED FEES
-05/04/99--01086--017
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent:
Charles Masters
3400 82nd Way North
St. Petersburg FL 33710

9. Name and Address of New Registered Agent:
Name: Andre Salazar
Street Address (P.O. Box Number is Not Acceptable): 4102 W. North B Street
Suite, Apt. #, Etc
City: Tampa — State: FL — Zip Code: 33609

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent: X _____ REGISTERED AGENT MUST SIGN — Date: 4/23/99

11. **This corporation owes or has paid the current year Intangible Personal Property tax due June 30.** 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)(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: X _____ 4/23/99 (Date) 813.241.8925 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR