

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

98 DEC 14 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000075741**

1. Corporation Name

DATA RECOVERY LABS, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 24705 U.S. HIGHWAY 19 N., #312 CLEARWATER FL 34623 | 24705 U.S. HIGHWAY 19 N., #312 CLEARWATER FL 34623 |

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 09/10/1996 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-3407197 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee required for a Certificate of Status | |

REINSTATEMENT *OB*

| 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 |
| DP | SHARP, ADAM D | 24705 U.S. HIGHWAY 19 N., #312 | CLEARWATER FL 34623 |
| CEO | SHARP, ADAM D | 24705 U.S. HIGHWAY 19 N., #312 | CLEARWATER FL 34623 |
| DV | SHARP, DAVID A | 24705 U.S. HIGHWAY 19 N., #312 | CLEARWATER FL 34623 |
| | | | 400002719624--1 |
| | | | -12/22/98-01087-005 |
| | | | ****750.00 ****750.00 |

| | | | |
|--|--|--|----------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| SHARP, ADAM D 24705 U.S. HIGHWAY 19 N., #312 CLEARWATER FL 34623 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 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: *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date: *11/17/98*

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: *[Signature]* **SIGNATURE REQUIRED** ADAM D SHARP Date: 11/12/98 Daytime Phone #: 727 7253818

CR22040 (9/98)