

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014946

1. Corporation Name

IDIOM TECHNOLOGIES, INC.

Principal Place of Business

1011 E BROAD STREET  
TAMPA FL 33604

Mailing Address

PO BOX 9787  
TAMPA FL 33674-787  
US

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1997

5. FEI Number

59-3431084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 City / State / Zip
D	HESS, STUART	1011 E BROAD STREET	TAMPA FL 33604

000003046280--8  
-11/16/99--01092--005  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

HESS, STUART  
1011 E BROAD STREET  
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*Stuart J. Hess*  
REGISTERED AGENT MUST SIGN

Date 11/1/99

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:

*Stuart J. Hess*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99  
Date

813-503-6177  
Daytime Phone #

**Idiom Technologies, Inc.**

Idiom Technologies, Inc.  
P.O. Box 9787  
Tampa, FL 33674-9787

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November 1, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the 1999 corporation annual report form. I request that the reinstatement fees be waived.

Sincerely,



Stuart J. Hess  
Director, Idiom Technologies, Inc.