

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000007108

1. Entity Name
ALTERNATIVE DATA TECHNOLOGY, INC.



FILED

05 NOV -8 PM 9:19

Principal Place of Business
24 INVERNESS PLACE EAST
ENGLEWOOD, CO 80112

Mailing Address
24 INVERNESS PLACE EAST
ENGLEWOOD, CO 80112

REINSTATEMENT



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10072005 REIN-P CR2E098 (6/04)

4. FEI Number
84-1098180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB TATUM, RONNY D 7800 EAST ILIFF, UNIT E DENVER, CO 80231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24 INVERNESS PLACE EAST ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ZORN, TOM L 7800 EAST ILIFF, UNIT E DENVER, CO 80231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVP 24 INVERNESS PLACE EAST ENGLEWOOD, CO 80112
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Wallace
Signature and typed or printed name of signing officer or director

Date: 10/14/05 Daytime Phone #: 303-790-2330

Mike Wallace
CFO and Secretary

B. Mitchell NOV 8 2005