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2008 JAN 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000002538			
1. Corporation Name Ontrack Data Recovery, Inc.			
2. Principal Office Address - No P.O. Box # 9023 Columbine Road Suite, Apt. #, etc.		3. Mailing Office Address 9023 Columbine Road Suite, Apt. #, etc. Attn: Shelly Jackson	
City & State Eden Prairie, MN		City & State Eden Prairie, MN	
Zip 55347	Country USA	Zip 55347	Country USA
4. Date Incorporated or Qualified To Do Business in Florida May 7, 2004			
5. FEI Number 41-1613148		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.			
Signature of Registered Agent 		Michele Miller Assistant Secretary Date 1/8/2008	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/T/D	Ben Allen	900 Third Ave	New York, NY 10022
P/D	Kristin Nimsgaer	9023 Columbine Road	Eden Prairie, MN 55347
V	Tom Skiba	9023 Columbine Road	Eden Prairie, MN 55347
COO	Gregory Olson	9023 Columbine Road	Eden Prairie, MN 55347
V/S/D	Sabrina Perel	900 Third Ave	New York, NY 10022
10. 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 contained in Chapter 118, 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  Kristin Nimsgaer		1/8/08 952-937-1107	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FLS10 - 1/17/07 CT System Online

9. MICHIGAN JAN 10 2008

2 of 2

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-5384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

ONTRACK DATA RECOVERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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Corporate Filing Menu

Help

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000002537

1. Corporation Name

Kroll Ontrack Inc.

2. Principal Office Address - No P.O. Box #
9023 Columbine Road

Suite, Apt. #, etc.

City & State
Eden Prairie, MN

Zip

55347

Country
USA

3. Mailing Office Address
9023 Columbine Road

Suite, Apt. #, etc.

Attn: Shelly Jackson

City & State

Eden Prairie, MN

Zip

55347

Country
USA

REINSTATEMENT
CR2E081 (1/07) 07/08

4. Date incorporated or Qualified
To Do Business in Florida May 7, 2004

5. FEI Number
41-1521650

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michele Miller

Michele Miller

REGISTERED AGENT MUST SIGN

Assistant Secretary

1/3/2008

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CT/D	Ben Allen	900 Third Ave	New York, NY 10022
P/D	Kristin Nimsger	9023 Columbine Road	Eden Prairie, MN 55347
V/D	Michael Helbriggel	900 Third Ave	New York, NY 10022
COO	Gregory Olson	9023 Columbine Road	Eden Prairie, MN 55347
V/S	Sabrina Perel	900 Third Ave	New York, NY 10022
V	Tom Skiba	9023 Columbine Road	Eden Prairie, MN 55347

10. 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 contained in Chapter 119, 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:

K. Nimsger
K. Nimsger

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

Date

952-937-1107

Daytime Phone #

Form 1-1/07 CT System Online

B. Mitchell JAN 15 2008

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

KROLL ONTRACK, INC.

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