

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

07 FEB 28 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800091013488
03/06/07--01024--027 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F04000006877**
1. Corporation Name **Data Source-II, Inc.**
cross-reference
Data Source, Inc.

REINSTATEMENT 05-07 *pse*

2. Principal Office Address - No P.O. Box # 1400 Universal Avenue		3. Mailing Office Address 1400 Universal Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kansas City, MO		City & State Kansas City, MO	
Zip 64120	Country Jackson	Zip 64120	Country Jackson

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 11/29/2004	
5. FEI Number 36-3646384	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

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

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

☒ 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.

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

John L. Kimball
REGISTERED AGENT MUST SIGN

Date **FEB 23, 2007**

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
<i>Pres/Dir</i>	Bartlett, Sherie	16811 Grace Drive	Belton, MO 64102
<i>VP/Dir</i>	Bartlett, Tom	16811 Grace Drive	Belton, MO 64102
<i>VP/Dir</i>	Zacharias-Verdi, Lori	10514 E. 51st Street	Kansas City, MO 64133

800091013488
03/06/07--01024--028 **158.75

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:

Sherie Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-07 **8164833282**