

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 AUG -8 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002016

1. Corporation Name

Magnolia Belle Data Systems, Inc.

2. Principal Office Address - No P.O. Box #

106 Halsey Street

Suite, Apt. #, etc.

3. Mailing Office Address

106 Halsey Street

Suite, Apt. #, etc.

City & State

Brewton AL

Zip

36426

Country

US

City & State

Brewton AL

Zip

36426

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/2005

5. FEI Number  
631164436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Page, Robert L III

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

5060 Oneida Trail

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

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

REGISTERED AGENT MUST SIGN

Date

4 MAY 08

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
CP	Page, Robert L. III	5060 Oneida Trail	Milton FL 32583
VCVP	Stringfellow, Allen	1510 McMillan Ave.	Brewton AL 36426
ST	Stringfellow, Allen	1510 McMillan Ave.	Brewton AL 36426

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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:

Allen Stringfellow

251-867-8098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 06-08  
CR2E081 (12/07)

8/8a