

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
15 MAR 10 PM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F10000003932

1. Corporation Name

Walter Karl, Inc.

W15-1916

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

2 Blue Hill Plaza

Suite, Apt. #, etc.

3rd Floor

City & State

Pearl River, NY

Zip

10965

Country

USA

3. Mailing Office Address

1020 East 1st Street

Suite, Apt. #, etc.

Attn: Jennifer Smith

City & State

Papillion, NE

Zip

68046

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

September 2010

5. FEIN Number

13- 1662576

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

C T 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

200268207442  
03/10/15--01037--016 \*\*\$600.00  
200268207442  
01/03/15--01024--008 \*\*\$150.00

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

*Kristin Bolden*

Kristin Bolden  
Assistant Secretary

Date 12-1-14

REGISTERED AGENT MUST SIGN

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
CEO	Mike Iaccarino	2 Blue Hill Plaza, 3rd Floor	Pearl River, NY 10965
VP	Jeff Tooley	2 Blue Hill Plaza, 3rd Floor	Pearl River, NY 10965
CFO	John Hofmann	2 Blue Hill Plaza, 3rd Floor	Pearl River, NY 10965
AT	Jason Berry	2 Blue Hill Plaza, 3rd Floor	Pearl River, NY 10965
AT	Ziad Fanous	2 Blue Hill Plaza, 3rd Floor	Pearl River, NY 10965

**REINSTATEMENT**

MAR 10 2015

10. E-mail Address: Jennifer.Smith@Infogroup.com

R. HUNT

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jason Berry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-14

Date

402-836-3562

Daytime Phone