

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	
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
September 2010

5. FEINumber 13-1662576	Applied For <input type="checkbox"/> Not Applicable
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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 **\$50.00

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**
Date 12-1-14
REGISTERED AGENT MUST SIGN **Assistant Secretary**

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 8.17.155, F.S.

SIGNATURE: *Jason Berry* **Jason Berry** Date 12-1-14 Daytime Phone 402-836-3562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR