PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 15 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005949

1. Corporation Name
INNOVATIVE DATA CONCEPTS, INC.

Principal Place of Business | Mailing Address
4640 SE 142ND PL
SUMMERFIELD, FL 34491

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 97 (88)

2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-12-95

5. FEI Number: 61-1287813 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [ ] **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	JAMES M. THOMAS	4640 SE 142ND PL	SUMMERFIELD, FL 34491
SECRETARY	KATHERINE L. THOMAS	4640 SE 142ND PL	SUMMERFIELD, FL 34491

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****750.00 ****750.00

8. Name and Address of Current Registered Agent
ROSIE'S ACCOUNTING SERVICE
Hwy 484
BELLEVIEW, FL 34420

9. Name and Address of New Registered Agent
Name: Damian J Bavuso, CPA
Street Address (P.O. Box Number is Not Acceptable): 24 Cathedral Place
Suite, Apt. #, Etc.: Suite 200
City: St Augustine | State: FL | Zip Code: 32084

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 12/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [✓] No [ ]
(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: James M. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/97 (352) 307-1433
Date | Daytime Phone #