

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 10 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006899**

1. Corporation Name

COMPLUS DATA INNOVATIONS, INC.

Principal Place of Business

**245 SAW MILL RIVER RD.
HAWTHORNE NY 10532**

Mailing Address

**245 SAW MILL RIVER RD.
HAWTHORNE NY 10532**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3349242	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
CP	GROSSMAN, JEFFREY G	1 SNOW DROP DR.	NEW CITY NY 10956

9000002345159--5
11/12/97-01098-010
****165.00 ****165.00

11/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PALMER, MARGARET
709 SE 15TH AVE.
OCALA FL 34471**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Margaret Palmer

REGISTERED AGENT MUST SIGN

Date **11/6/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Margaret Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97

Date

Daytime Phone #

CR2E040 (8/97)

COMPLUS

October 24, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

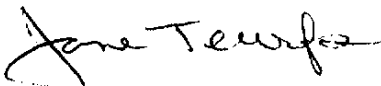
Gentlemen:

Please be informed that Complus Data Innovations, Inc. never received previous notices to provide an Annual Report or the fee to maintain "active" status.

Enclosed please find our check for \$165, Complus' Annual Report, and the form to reinstate Complus to "active" status.

Thank you for your attention to this matter.

Sincerely,
COMPLUS DATA INNOVATIONS, INC.



Jane Teurfs
National Marketing Director

encl.