PLEASE READ A	ALL INSTRUCTIONS BEF	ORE COMPLETI	ING THIS FORM.	
APPLICATION FOR CO	FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State		. १८ जेबे	
REINSTATEMENT	DIVISION OF CORPORATIONS	<u>. </u>	FILED	
DOCUMENT # F 9800000 3478			DEC -8 AM 11: 25	
1. Corporation Name The Dialog Corporation		(DL)		
DBA the Dalog Co	orponation of De	1 (1.1)	CRETARY OF STATE Lahassee, Florida	4
Principal Place of Business	Mailing Address		BAP W	
				~ ~
			STATEMEN	r QG
If above addresses are incorrect in any way, line throu	uch incorrect information and enter correction		21 VI FIME!	1-1-
2 New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	e 4. Date incorpo	orated or Qualified	/a SP
Suite Apt #, etc	Suite, Apt. #, etc.	5. FEI Number	6/24	Applied For
City & State	City & State	13-3	540270	Not Applicable
Zip Country 27511 USA	Zip Country	6. CERTIFICATE		Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/or	r Director (Florida nonprofit corporations mu	st list at least 3 direction		167
Title(s) Name of Officers and/or Directors	Street Addre Officer and/ 3 (Do NOT Use Post C	or Director	-12/14/99010 4 ******8.75)97026 *****8.75
CED Donal m. War	40 1,000	5	1. 1 8.	1:10= // - > 0 m
	TE AIRCEST	er source	London Eng	WC2 H7DBKK
Pres Jason Molle	11000 Regency	, Pkuy	Cary Mc	27511
Sec William H. mark	s 11000 Reger	ncy Pkwy	Cary NC	27511
Dir. Daniel m Wag:	ner 48 Lieceste	r Square	LONDON Eng	WC2H7DBVE
Dir Jason Molle	11000 Regen	y Pkwy	Cary NE	27511
Dir. Rielard Swan	k 23 Sensor	of Town	Redding CT	06896
8. Name and Address of Current Re			Address of New Registered Ag	
CT Cosposation System				
1200 S. Pine Is	land Road	<u> </u>	IS NOT ACCEPTABLE)	167
1200 S. Pine Is Plantation Fl	Surre,	Apt. #, Etc.		***750_00
	N - 1		State	Zip Code
10 I, being appointed the registered agent of the above	e named corporation, an lamitia ENNT	fer faultm	760 0505, F.S.	
Signature of Registered Agent	SISTERED AGENT MUST BIGN	ANT SECRETA	ARX)1-27-7	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U				
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: Walker Hole And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #				