## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

H46764 **DOCUMENT #** 

1 Corporation Name

S. B. DATA SYSTEMS, INC.

FILED

96 DEC -4 PM 2: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Add			ress			***
		ALTAMONTE	ooring loop. Ste. 1805 Nte spring(; Fl 32701			
					DEIN	STATEMENT Q o
	ddresses are incorrect in any way, line II			B 8400 3 0 4/4		
New Principal Office Address, If Applicable     3. New Mail			ing Office Address, If Applicable		<ol> <li>Date Incorp    To Do Busir</li> </ol>	orated or Qualified ness in Florida 03/08/1985
Suite, Apt. #, etc. Suite, A		Suite, Apt. #	#, etc. # 1819		5. FEI Number	
		City & State				59-2654280 Applied For Not Applicable
Zip Country		Zip	Zip Country		6. S8.75 Additional Fee required	
7. Names	and Street Addresses of Each Officer an	d/or Director /Elo	vida nonorolit comorat	ione must liet at las	et 3 directore)	for in Cortiliente of Status
Title(s)	Name of Officers Title(s) and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip
P			406 CURDY CT			ALTAMONTE SPRINGS FL
			714 JAMESTOWN BLVB-#1271		6-#1271	32714
•						
				<del></del>		100020227172
				_		****375.00 ****375.00
						1612-4-96
	8. Name and Address of Curren				Address of New Registered Agent	
BRUNELLO, S. SAM JR.						(96)
	CURRY COURT	Street Address (P.O. Box Number			Is Not Acceptable)	
ALTA	MONTE SPRINGS FL 32714	Suité, Apl. #, Eic.			N ISLVIS	
				# 1	<u> </u>	
ALTAMONTE Sprags FL 32914						
10. I, being appointed the registered agent of the above named corporation, am smillar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Pagent Agent MUST SIGN Date 12/3/96						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No						
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 filling 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 al! 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 logal effect as I made under each.						
SIGNA	TURE: SIGNATURE AND TYPED OR P	RINTED WALE OF	BIGNING OFFICER OR D	IRECTOR		12/3/96 (407) 332-1575 Daving Phone

0010194