

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J899159**
1. Corporation Name

INTERNATIONAL DATA MATRIX, INC.

Mailing Address Principal Place of Business
9 Townsend West 9 Townsend West
Nashua, NH 03063 Nashua, NH 03063

REINSTATEMENT *97*

FILED
97 OCT -3 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Mailing Address, if Applicable 3. New Principal Office Address, if Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida
August 31, 1987
5. FEI Number
59-2840594
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir.	Pat V. Costa	425 Rabro Drive	Hauppauge, N.Y.
Pres.	Peter Crole	425 Rabro Drive	Hauppauge, N.Y.
Asst. Sec.	Ira Roxland	800 Third Avenue	New York, N.Y.
Sec/Treas.	Robert H. Waller	425 Rabro Drive	Hauppauge, N.Y.
			700012313257-7 -10/06/97-01169-003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
United Corporate Services, Inc.
801 Northeast 167th Street - Suite 300
North Miami Beach, Florida 33162

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 _____ Date **September 2nd, 1997**
REGISTERED AGENT MUST SIGN **Ray A. Barr-President**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *Ira Roxland* **Ira Roxland** (212)688-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #