

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC 16 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L24456**

1. Corporation Name

**UNIQUE DATA SYSTEMS, INC.**

Principal Place of Business

Mailing Address

12773 FOREST HILL BLVD.  
102-B  
WEST PALM BEACH FL 33414

13328 NORTHUMBERLAND CIRCLE  
WEST PALM BEACH FL 33414

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 |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 10/20/1989  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Country                                      |  | 65-0155509  |  |
|  |  |  |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|  |  |  |  | SB 75: Additional Fee required for 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  |
|------------|-------------------------------------|---|---|
| PST        | STEINHORN, SHERRI                   | 13328 NORTHUMBERLAND CIRCLE   | WEST PALM BEACH FL 33414  |
| VD         | STEINHORN, SHERRI                   | 13328 NORTHUMBERLAND CIRCLE   | WEST PALM BEACH FL 33414  |
|            |                                     |   | 600002031966--5<br>-12/18/96--01017--008<br>****375.00 ****375.00 |
|            |                                     |   |   |
|            |                                     |   |   |
|            |                                     |   |   |

REINSTATEMENT

1996  
U. Alan  
12/16/96

|  |  |  |          |
|--|--|--|----------|
| 8. Name and Address of Current Registered Agent                              |  | 9. Name and Address of New Registered Agent        |          |
| STEINHORN, SHERRI<br>13328 NORTHUMBERLAND CIRCLE<br>WEST PALM BEACH FL 33414 |  | 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/30/96

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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/96

Date

5612909220

Daytime Phone #

CR20040 (7/96)