

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

98 NOV 18 PM 3:41

SECRETARY OF STATE
JIM SMITH
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # L26808

DATA RETRIEVAL SERVICES, INC.
1250 Rogers Street, Suite C
Clearwater, FL 34615

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
1040 Kapp Drive

City and State Zip Code
Clearwater, FL 34625

3. If Principle Office Address is different from mailing address, enter address below:

City and State Zip Code

REINSTATEMENT 95-98

4. Date Incorporated or Qualified To Do Business in Florida

1990

5. FEI Number

59-2996408

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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
P, D, S	Larry Letourneau	1040 Kapp Drive	Clearwater, Florida 34625

11-18-98

700002682787-4
-11/20/98--01060--017
***1208.75 ***1208.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Martin J. Greenberg
1318 Nelson Avenue
Clearwater, FL 34615

9. If changed, new registered agent / office

Name

Armando Mizio

Street Address (Do NOT Use P.O. Box Number)

25400 US Highway N

Street Address (Do NOT Use P.O. Box Number)

St 210

City

Dunedin

State

FL

Zip

34697

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

Armando Mizio

Date 11-17-98

REGISTERED AGENT MUST SIGN

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 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 of Officer or Director

Larry Letourneau

Date 11-17-98

Daytime Phone # (813) 461-5900

Typed or printed name of signing officer or director

Larry Letourneau

CR250-10 (2/92)