

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 4:05

DOCUMENT # L26808

1. Corporation Name

DATA RETRIEVAL SERVICES, INC.

Principal Place of Business

1040 KAPP DRIVE
CLEARWATER FL 34625

Mailing Address

1040 KAPP DRIVE
CLEARWATER FL 34625

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1040 KAPP DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1989

5. FEI Number

59-2996408

Applied For

Not Applicable

City & State

CLEARWATER, FL

City & State

Zip

33765

Country

USA

Zip

Country

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	4 City / State / Zip
PDS	LETOURNEAU, LARRY	1040 KAPP DR.	CLEARWATER FL 34625
			600003018936--3
			-10/19/99--01088--005
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

MIZIO, ARMANDO
25400 US HIGHWAY N
STE. 210
DUNEDIN FL 34697

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. 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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

10/12/99
Date

(727) 461-5700
Daytime Phone #



DATA RETRIEVAL SERVICES, INC.

October 12, 1999

Department of State
Division of Corporations Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs;

We have not received our first or second notice regarding our corporate renewal for 1999.

Please accept this paperwork and our renewal fee of \$150.00.

Please also correct our zip code to read 33765.

Sincerely yours,

Larry Letourneau, President
Data Retrieval Services, Inc.
1040 Kapp Dr
Clearwater, FL 33765