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 NOV -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37500**

1. Corporation Name

ACCUSERVE, INC.

Principal Place of Business	Mailing Address
230 W FERN ST ONE TAMPA CITY CENTER. STE. 2100 TAMPA FL 33604 US	P O BOX 2765 ONE TAMPA CITY CENTER. STE. 2100 TAMPA FL 33601 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 96 CD

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1989

5. FEI Number: 59-2987669 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HENSLEY, ROBERT E.	230 W FERN ST	TAMPA FL
D	POEHL, KYLE R.	3867 LAKE JOYCE DR	LAND O'LAKES FL
D	HENSLEY, DEBORA B.	230 W FERN ST	TAMPA FL
			500002000955--6 -11/08/96--01106--006 ****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HENSLEY, DEBORA B. 201 N FRANKLIN ST STE 2100 TAMPA FL 33602	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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date 10/31/96

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: Kyle R. Poehl Kyle R. Poehl 10/31/1996 (813)239-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)