

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 APR -7 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312005 REIN-P CR2E098 (6/04) *MRS*

DOCUMENT # P00000047188		
1. Entity Name DATABASE ARCHITECTS, INC.		

Principal Place of Business 1969 MIKLER ROAD OVIEDO, FL 32765	Mailing Address 1969 MIKLER ROAD OVIEDO, FL 32765
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2. Principal Place of Business 1665 Candela Ct Suite, Apt. #, etc. Orlando FL	3. Mailing Address 1665 Candela Ct Suite, Apt. #, etc. Orlando FL
City & State 32820 USA	City & State 32820 USA
Zip	Country

6. Name and Address of Current Registered Agent SPEARS, NATHAN J 1969 MIKLER ROAD OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name <u>Spears, Nathan J</u> Street Address (P.O. Box Number is Not Acceptable) <u>1665 Candela Ct</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32820</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/4/05

FILE NOW!!! FEE IS \$900.00	<b>REINSTATEMENT</b> <u>04-05</u>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, NATHAN J 1969 MIKLER ROAD OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spears, Nathan J 1665 Candela Ct. Orlando, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, ANDREA R 1969 MIKLER ROAD OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spears, Andrea R 1665 Candela Ct. Orlando FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500051199905 04/19/05--01037--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500051199905 04/19/05--01037--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/4/05 DAYTIME PHONE # 4075687736

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Nate Spears  
Database Architects, Inc  
1665 Candela Court  
Orlando, FL 32820

April 4, 2005

Glenda E. Hood  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Hood,

Enclosed are two checks to pay for the registration of my corporation, Database Architects, Inc. \$150 for 2005 and \$150 for 2004. I have not included a reinstatement fee because I did not receive a first or second notice of annual report in 2004. Enclosed is also my reinstatement application. Please contact me if there is anything else I need to do.

Thank you,



Nate Spears  
407-568-7736