

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1/2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 6:36

DOCUMENT # P00000071981

1. Corporation Name

PRETADATA, INC.

Principal Place of Business

13140 SANCTUARY COVE DR #1231
TAMPA FL 33637

Mailing Address

P O BOX 16937
TAMPA FL 33687



9/10/01 90060 026 557-0

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2000

5. FEI Number

59-3659353

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PRETA, JOSEPH F JR	13140 SANCTUARY COVE DR #1231	TAMPA FL 33637
V	PRETA, ANNA-MARIA	13140 SANCTUARY COVE DR #1231	TAMPA FL 33637

8. Name and Address of Current Registered Agent

COLE, WILLIAM G
10901 SUMMERTON DRIVE
RIVERVIEW FL 33569

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

See SIGNATURE REQUIRED
enclosed note

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 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 REQUIRED
President
Joseph F Preta, Jr.

Date

Daytime Phone #

(813) 972-1075

CR2040 (8/01)

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Enclosed is an application for Reinstatement form. I am sending this as an addition to the UBR sent in early September. Apparently there was missing data on that original form and the request for more information was never sent to me. On September 11, the check for \$550 that was included with the UBR was cleared through my corporate account. Consequently there is no check included here. This form is being sent without a Registered Agent signature or additional remittance as a result of a telephone conversation with your office on October 15, 2001.

Thank you,



Joseph Preta President

PretaData, Inc.

FEI 59-3659353