

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 21 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000081110**

1. Corporation Name

**ASSOCIATION DATA MANAGEMENT  
INC'**

2. Principal Office Address

**1351 BLUFFS CIR**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 2007**

Suite, Apt. #, etc.

City & State

**DUNEDIN, FL**

City & State

**DUNEDIN, FL**

Zip

**34698**

Country

**Pinellas**

Zip

**34697-2007**

Country

**Pinellas**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/13/2001**

5. FEI Number

**593749749**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**WILLIAM J. NASSER**

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

**1351 BLUFFS CIRCLE**

Suite, Apt. #, Etc.

City

**Dunedin**

State

**FL**

Zip Code

**34698**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**William J. Nasser**

REGISTERED AGENT MUST SIGN

Date **1/15/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILLIAM J. NASSER	1351 BLUFFS CIR	Dunedin, FL 34698
S	Jo Anne Nasser	1351 BLUFFS CIR	Dunedin, FL 34698

10. 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:

**William J. Nasser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03**

Date

Daytime Phone #

**727-735-0031**

**1/23**

**Association Data Management, Inc.**  
**P.O. Box 2007**  
**Dunedin, FL 34697-2007**  
**727 735 0031**

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January 14, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: ASSOCIATION DATA MANAGEMENT, INC.

I contacted the Division of Corporations to inquire as to why I had not received the Business Report form, and was advised of the current situation regarding the corporation. Apparently an oversight has occurred since I have not received these forms in the mail. An address was provided shortly after incorporation, but apparently your records were not changed. Perhaps this address change was not received.

Enclosed is a check for \$300.00, as your office requested, for corporation reinstatement. I am requesting that you consider waiving the reinstatement fees because the corporation or the registered agent did not receive the forms.

Your cooperation and understanding in this matter is appreciated.

Regards,



William J. Nasser

ENC: