

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 13 AM 10:19

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118312

1. Corporation Name **DEMOGRAPHIC DATA ANALYSIS, INC.**

2. Principal Office Address

2854 NESMITH COURT

Suite, Apt. #, etc.

City & State

OVIEDO, FL.

Zip

32765

Country

SEMINOLE

3. Mailing Office Address

2854 NESMITH COURT

Suite, Apt. #, etc.

City & State

OVIEDO, FL.

Zip

32765

Country

SEMINOLE

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2001

5. FEI Number

43-1958615

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

FRANK AMBROSE

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

2854 NESMITH COURT

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

000059786147
09/20/05--01052--015 ***450.00

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

Frank Ambrose

Date

REGISTERED AGENT MUST SIGN

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
PD	FRANK AMBROSE	2854 NESMITH COURT	OVIEDO, FL. 32765

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:

Frank Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

407-357-4210

Daytime Phone #

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

September 12, 2005

To Whom It May Concern,

Attached is a check in the amount of \$450.00 for reinstatement of Demographic Data Analysis, Inc., years 2003, 2004 & 2005. The office address has changed therefore I did not receive a renewal notice.

If further information is needed, please contact me at (407) 357-4210. Thank you for your assistance in this matter.



Frank Ambrose
President
Registered Agent