

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # **P02000053853**

1. Corporation Name

ALLIANCE DATA VOICE SYSTEM INTEGRATION, INC.

Principal Place of Business

12180 GLENMORE DR.
CORAL SPRINGS FL 33071

Mailing Address

12180 GLENMORE DR.
CORAL SPRINGS FL 33071

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

05/13/2002

5. FEI Number

61-1414311

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 PRES.	PHILIP GORDON	12180 GLENMORE DRIVE	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

GORDON, PHILIP
12180 GLENMORE DR.
CORAL SPRINGS FL 33071

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/18/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/03

CR2E040 (7/03)

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Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

2003 UBR

Dear Sir/Madam,

Please accept this letter as confirmation of the fact that the corporation Alliance Data Voice System Integration Inc. or myself Philip Gordon, who is the President and Registered Agent, did not receive any prior notices regarding the filing of our Uniform Business Report. The only notification I received is the one stating that the State has administratively dissolved the corporation.

Please accept therefore the completed application for reinstatement, the UBR filing fee, and this signed letter, so that Alliance Data Voice System Integration Inc. can be reinstated to do business in the State of Florida.

Thank You

Sincerely



Philip Gordon

P.S. Please note that if you have any questions
I can be reached at 954-644-3029.