

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000060602

1. Corporation Name NOVA DATA SYSTEMS, INC.
1661 COMMERCE AVENUE N.
ST. PETERSBURG, FL 33716

REINSTATEMENT 2003

800024654508
11/14/03--01005--003 #750.00

2. Principal Office Address 1661 Commerce Ave N.
3. Mailing Office Address 1661 Commerce Ave N.

Suite, Apt. #, etc.

City & State St. Petersburg, FL

Zip 33716 **Country** US

4. Date Incorporated or Qualified To Do Business in Florida 2002

5. FEI Number 48-1262204
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 BRUCE KNEPP
Street Address (P.O. Box Number is Not Acceptable) 1661 Commerce Ave N.
Suite, Apt. #, Etc.
City St. Petersburg

State FL **Zip Code** 33716

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
REGISTERED AGENT MUST SIGN

Date 11/11/03

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/D	BRUCE KNEPP	1661 COMMERCE AVE N.	ST. PETERSBURG FL 33716
D	GRAHAM HALL	1661 COMMERCE AVE N.	ST. PETERSBURG FL 33716
S/T/D	DENNIS BUSHMAN	1661 COMMERCE AVE N.	ST. PETERSBURG FL 33716

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: Bruce Knepp, S/T/D President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/03

727-376-7776

CR2E081 (10/02)