PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				FILED	
ŀ	RPORATION STATEMENT	Secre	ARTMENT OF STATE tary of State	05 OCT -4 PM 1:33 JEONETARY OF STATE FALLAHASSEE, FLORIDA	
DOCUMENT # P0 4 0000 93142 1. Corporation Name					
Vibrant Data, Inc.					
				ilinstatement os	
2. Principal Office Address 9310 Old Kings Road South		3. Mailing Office Address 9310 Old Kings Road South		CR2E081 (8/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0122001 (0703)	_
#403		#403		4. Date Incorporated or Qualified To Do Business in Florida 6 11 2004	ľ
City & State Jacksonville, FL		Jacksonville, FL		5. FEI Number Applied For	╛
Zip 32257	Country	zip 32257	Country	6. S8.75 Additional Fee requ	ired
32231	T USA	L	nd Address of Current Register	— for a Certificate of Statu	S
Name					
	Street Address (P.O. Box Number is N	ot Acceptable)	900060203839 34 ⁰⁰⁴⁰⁵⁻⁰⁰ 17-004 **758.15		
9310 Old Kings Hoad South					
	#403				
	Jacksonville			FL Zip Code 32257	
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 Date 9/4/5 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 Eacl Officer and/or Directo		
P/D	Terry D. Cordell		0 Old Kings Road S	South #403 Jacksonville, FL 32257	
S/D	Charles J. Speranze	ella 931	0 Old Kings Road S	South #403 Jacksonville, FL 32257	_
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR Date Daytime Phone #					