

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000001042

1. Corporation Name

US INFOGROUP, INC.

2. Principal Office Address - No P.O. Box #

1955 Knottingham Trace Lane

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32246

Country

3. Mailing Office Address

1955 Knottingham Trace Lane

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32246

Country

**7. Name and Address of Current Registered Agent**

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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 By:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date

6-24-08

**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
PSTD	John, Litty	1955 Knottingham Trace Lane	Jacksonville, Florida 32246

600132465296  
07/08/08--01014--006 \*\*300.00

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 contained in Chapter 119, 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 OR DIRECTOR

Litty John, President

06/20/2008

Date

(904) 860 1154

Daytime Phone #

FILED

2008 JUN 25 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CRZE081 (12/07) 07-08

4. Date Incorporated or Qualified To Do Business in Florida 01/03/2006

5. FEI Number

22-3919711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

JUN 25 2008