

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 28 PM 4:57

DOCUMENT # P06000033645

1. Corporation Name

All In Data, Inc.

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

1511 E. S.R. 434

Suite, Apt. #, etc.

Suite 3017

City & State

Winter Springs, FL

Zip

32708

3. Mailing Office Address

1511 E. S.R. 434

Suite, Apt. #, etc.

Suite 3017

City & State

Winter Springs, FL

Zip

32708

Country

US

7. Name and Address of Current Registered Agent

Name

Wade, Rick L.

Street Address (P.O. Box Number is Not Acceptable)  
429-4 Sheoah Blvd.

Suite, Apt. #, Etc.

City  
Winter Springs, FL

State  
FL

Zip Code  
32708

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

7-22-08

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
P	Wade, Rick L.	1511 E. S.R. 424, Suite 3017	Winter Springs, FL 32708
			B. 7/29/88
			REINSTATEMENT 07-08

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

7-22-08

401-721-1950

Date

Daytime Phone #