

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 APR 10 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000120695

1. Corporation Name

Florida Data Publishing, Inc.

2. Principal Office Address - No P.O. Box #  
20 Commerce Way

3. Mailing Office Address  
20 Commerce Way

Suite, Apt. #, etc.  
Unit 12

Suite, Apt. #, etc.  
Unit 12

City & State  
Seekonk, Massachusetts

City & State  
Seekonk, Massachusetts

Zip Country  
02771 United States

Zip Country  
02771 United States

400149432094  
04/10/09--01004--014 \*\*300.00

REINSTATEMENT CR2E081 (12/08) 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida 11/05/2007

5. FEI Number

☒ 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  
John Burgess

Street Address (P.O. Box Number is Not Acceptable)  
4142 Mariner Blvd.

Suite, Apt. #, Etc.  
#238

City State Zip Code  
Spring Hill FL 34609

☒ 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.

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 4/8/09

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
Pres	John Burgess	4142 Mariner Blvd. #238	Spring Hill, FL 34609

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

4/8/09

Date

Daytime Phone #