## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000078482

City-St-Zip:

Entity Name: APDATA SERVICES CORPORATION

FILED Oct 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13507 BUCKHORN RUN CT. ORLANDO, FL 32837 US **Current Mailing Address: New Mailing Address:** 13507 BUCKHORN RUN CT ORLANDO, FL 32837 FEI Number: 26-3237800 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LARSON ACCOUNTING E CONSULTIN SERV LLC AIT PLUS CONSULTING, LLC 8818 COMMODITY CIRCLE 8421 S. ORANGE BLOSOM TRAIL ORLANDO, FL 32819 US ORLANDO, FL 32809 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ALAN ROCHA 10/15/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition APDATA DO BRASIL SOFTWARE LTDA Name: Name: RUA DURVAL JOSE DE BARROS 162 - V.MATILDE Address: Address: City-St-Zip: SAO PAULO, SP 03508-030 BR City-St-Zip: Title: Title: () Delete () Change () Addition Name: DA ROCHA, MARIA I Name: 12630 EARNEST AVENUE Address: Address: ORLANDO, FL 32837 US City-St-Zip: City-St-Zip: Title: Title: () Delete MGR ( ) Change (X) Addition Name: ROCHA, ALAN Name: 13507 BUCKHORN RUN CT. Address Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORLANDO, FL 32837

SIGNATURE: MARIA DA ROCHA S 10/15/2009