PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 12 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010934

1. Corporation Name
ARMIGERON INFORMATION SERVICES, INC.

Principal Place of Business
185 NW SPANISH RIVER BLVD, SUITE 200
BOCA RATON FL 33431

Mailing Address

REINSTATEMENT 96 & 97

DO NOT WRITE IN THIS SPACE MWB

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: FEB 1993

5. FEI Number: 65-0392915 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	CHARLES WHEELUS	466 HARDWOOD PLACE	BOCA RATON FL 33431
V/D	RYAN SHAHOUD	466 HARDWOOD PLACE	BOCA RATON FL 33431
V/S/D	KAYE LOVEJOY	801 SW 7th Avenue	FT. LAUDERDALE, FL 33315
V/D	SEAN CONNER	3845 NW 36th Street	Coconut Creek FL 33066
D	MIKE GRAY	19522 HAMPTON DRIVE	BOCA RATON FL 33434
D	PAUL WILLIAMS	15354 115th AVE NORTH	JUPITER, FL 33478

8. Name and Address of Current Registered Agent

CHARLES WHEELUS
466 HARDWOOD PLACE
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

100002112587--0
03/13/97-01063-014
****915.00 ****915.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Charles Wheelus Date: 3/11/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Charles Wheelus Pres. CHARLES WHEELUS 3/11/97 561 395 6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #