

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038217

1. Corporation Name

UNIDATA, INC.

Principal Place of Business

5800 S SEMORAN BLVD
BLDG A
ORLANDO FL 32822
US

Mailing Address

5800 S SEMORAN BLVD
BLDG A
ORLANDO FL 32822
US

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 Office 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

05/27/1993

5. FEI Number

59-3184647

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	HUANG, CHENG-HAO	8843 LARWIN LANE	ORLANDO FL 32817
D	LIANG, CHU-KWO	23-37 143RD STREET	WHITESTONE NY 11357
T	CHOW, CHING	8843 LARWIN LANE	ORLANDO FL 32828
S	BELL, TAMARA A	3016 SARATOGA DRIVE	ORLANDO FL 32828
S, V	BELL, TAMARA A	3016 Saratoga DRIVE	ORLANDO FL 32806

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name David Piercefield
Street Address (P.O. Box Number is Not Acceptable)
230 Lookout PL, Suite 200
Suite, Apt. #, Etc.
City Maitland State FL Zip Code 32751

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

David Piercefield
REGISTERED AGENT MUST SIGN

Date 12-9-99

11. 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 under section 607.0505(1)(b), F.S. I declare under oath that this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

-12/17/99--01003--016
****758.75 ****758.75

SIGNATURE:

Tamara Bell / TAMARA BELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-99 (407)382-2735
Date Daytime Phone #

CR22040 (8/99)