

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057791

1. Corporation Name

Applied Digital Oracle Practice, Inc.

2. Principal Office Address

c/o Applied Digital Solutions, Inc.

Suite, Apt. #, etc.

400 Royal Palm Way, Suite 410

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

c/o Applied Digital Solutions, Inc.

Suite, Apt. #, etc.

400 Royal Palm Way, Suite 410

City & State

Palm Beach, FL

Zip

33480

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/18/93

5. FEI Number

59-3197712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Jerome C. Artigliere

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

218 Royal Palm Way

Suite, Apt. #, Etc.

Suite 201

City

Palm Beach

State
FL

Zip Code

33480

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

Jerome C. Artigliere

REGISTERED AGENT MUST SIGN

Date

12/17/02

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/S/T/D	Jerome C. Artigliere	218 Royal Palm Way, Suite 201	Palm Beach, FL 33480
D	Scott R. Silverman	400 Royal Palm Way, Suite 410	Palm Beach, FL 33480
D	John F. Reap	400 Royal Palm Way, Suite 410	Palm Beach, FL 33480

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 under section 119.07(3)(i), 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

Jerome C. Artigliere, President

Date

12/17/02

Daytime Phone #

561-805-8000