

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**00-02 UBR**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATION

FILED

02 FEB 19 AM 9:51

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DOCUMENT # P93000069543

**1. Corporation Name**

THE INFORMATION AUTHORITY INC.

**2. Principal Office Address**

2600 MAITLAND CENTER

Suite, Apt. #, etc.

330

PKWY.

City & State

MAITLAND, FLA.

Zip

32751

Country

**3. Mailing Office Address**

2600 MAITLAND CENTER PARKWAY

Suite, Apt. #, etc.

330

City & State

MAITLAND, FLA.

Zip

32751

Country

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

9/30/1993

**5. FEI Number**

59-3225202

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

JOSE LUIS P. FRANCO

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

2600 MAITLAND CENTER PARKWAY - SUITE 330

Suite, Apt. #, Etc.

SUITE 330

City

MAITLAND

State

FL

Zip Code

32751

**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

*[Signature]*

Date

2/15/02

REGISTERED AGENT MUST SIGN

**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	JOSE L. FRANCO	2600 MAITLAND CENTER	MAITLAND, FL. 32751
VP	ALLEGRA HENRICKS	2600 MAITLAND CENTER	MAITLAND, FL. 32751

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\*\*\*\*450.00 \*\*\*\*450.00

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/02 (407) 748 1616

Daytime Phone #

18

January 28, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fla. 32399

Ref.: The Information Authority Inc.

Dear Sirs:


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I contacted your office by telephone today and was told that the company of reference had been dissolved for non payment of the Annual Report Fee. We never received the Uniform Business Report presumably since our company address has changed .

I was instructed to download and complete the form. enclosed, as well as send you this letter along with payment in the amount of \$450.00 for the years 2000/01/02 which I am also enclosing.

Please proceed to reinstate said Corporation with due haste.

Thank you very much for your assistance in this matter.

  
RESIDENT

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