

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



97-98  
FLORIDA DEPARTMENT OF STATE  
Janet M. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 16 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016733

1. Corporation Name

INFORMATION TECHNOLOGY CORP.

Principal Place of Business

~~4298 SANCTUARY LANE~~ 647 SANCTUARY DRIVE  
BOCA RATON FL 33431

Mailing Address

~~4298 SANCTUARY LANE~~ 647 SANCTUARY DRIVE  
BOCA RATON FL 33431



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

2. New Principal Office Address, If Applicable

647 SANCTUARY DRIVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

647 SANCTUARY DRIVE  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1994

5. FEI Number

65-0479747

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|---|--|---|
| DPS           | ABRAMS, ROBERT S                          | <del>4298 SANCTUARY LANE</del><br>647 DRIVE  | BOCA RATON FL 33431   |
|               |   |  |   |
|               |   |  |   |
|               |   |  | 800002406398--6<br>-01/21/98--01044--001<br>****750.00 ****750.00 |
|               |   |  |   |
|               |   |  | 800002406398--6<br>-01/21/98--01044--002<br>****150.00 ****150.00 |
|               |   |  |   |

8. Name and Address of Current Registered Agent

ABRAMS, ROBERT S  
647 ~~4298 SANCTUARY LANE~~ DRIVE  
BOCA RATON FL 33432

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

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

REGISTERED AGENT MUST SIGN

Date

11/2/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on Intangible tax.)

12. 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

Date

Daytime Phone #

561-  
394-  
5686

CR2E040 (8/97)