

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

97 JAN 21 PM 12:56

DOCUMENT # P 94000070684

1. Corporation Name

INPUT NATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5135 International Dr.
4
Orlando, FL 32819

5135 International Dr.
4
Orlando, FL 32819

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

5135 International Dr

3. New Mailing Address, if Applicable

5135 International Dr.

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

04/23/94

5. FEI Number

59-3270524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSVTD	LEDA BARROCO	5135 International Dr. # 4	Orlando, Florida 32819
			600002067436--6 -01/24/97--01031--015 ****923.75 ****923.75

REINSTATEMENT

96-97

A. Alan

1/21/97

8. Name and Address of Current Registered Agent

LEDA BARROCO
7061A Grand National Drive
Orlando, Florida 32819

9. Name and Address of New Registered Agent

Name
LEDA BARROCO
Street Address (P.O. Box Number's Not Acceptable)
5135 International Drive
Suite, Apt. #, Etc.
4
City
Orlando
State
FL
Zip Code
32819

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

LEDA B. Barroco

REGISTERED AGENT MUST SIGN

Date 01/16/97

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:

LEDA B. Barroco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/97

Date

Daytime Phone #