PLEASE READ	ALL INSTRUCTIONS	REFORE COMP	PLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of Spivision of corporation	NT OF STATE rtham State	
DOCUMENT # PQ(,000042631	j	98 DEC -8 AN 10: 49
IMT-Data Servi	ces, Inc.	•	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address 750 Sw 12th Aug			
Pompano Back FL, 33069			
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable	•	correction below.	VSTATEMENT /
Suite, Apt. #, etc.	Suite, Apt. #, etc.		e incorporated or Qualified Do Business in Florida Number Applied For
City & State Zip Country	City & State Zip Countr	6.	65-0667580 Not Applicable
7. Names and Street Addresses of Each Officer and/	<u> </u>	CER	TIFICATE OF STATUS DESIRED for a Certificate of Status
Title(s) 1 Name of Officers Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Num			City / State / Zip
Res Walter D. Budon	ski 580 Pina	Hollow Lane	Wes Palm Boh. FZ 33913
Sorten Kathloon O. Bud	owski 580 Pins	Achar Lan	Caest Palm By FL 33413
Die Korsin Albery 6615 Pan		nela Lans	1205 Palm Beh FL 33403
<u>'</u>			200002712302-1/3
		·	-12/15/9801016-79%27 *****758.75 *****758.75
			e and Address of New Registered Agent
P		Name Walter Budowski Street Address (P.O. Box Number Is Not Acceptable) 760 Sw 12th Aw SufferApt. #. Etc.	
TGO SU Suffeyor #, Etc.			Beach
City Pompano Beach 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.			Beach State Zip Code FL 33069 Of Section 607.0505, F.S.
Signature of Registered Agent Date 11/25/78 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 #			