

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 99 MAY 11 AM 10:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000025164					
1. Corporation Name Central Data Management Services, Inc.					
Principal Place of Business Same		Mailing Address 1217 Miccosukee Rd. Tallahassee, FL. 32308			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number 59-3444153	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
Pres.	JAMES B. FLOYD	1217 Miccosukee Rd.	Tallahassee FL. 32308		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
W. Bradley Munroe 239 East Virginia St. Tallahassee, FL. 32301		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		Date			
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: James B. Floyd		Date: 4-30-99		Daytime Phone #: 671-2900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES B. FLOYD Pres.					