

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000026740

1. Corporation Name

DATA ROAD, INC.

Principal Place of Business

Mailing Address

10151 DEERWOOD PARK BLVD  
BLDG 100. STE 120 B  
JACKSONVILLE, FL 32256  
US

10151 DEERWOOD PARK BLVD.  
BLDG. 100. STE. 120  
JACKSONVILLE FL-32256

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1997

5. FEI Number

59-3439592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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 | 4<br>City / State / Zip                                           |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| P/T           | FRANCIS, JEFFERY G                        | <del>3899 N. COASTAL HWY.</del><br>3728 Harbor Drive   | ST. AUGUSTINE FL 32095                                            |
| VP/S          | VAUGHAN, JOHN H                           | 8787 SOUTHSIDE BLVD., APT. 4309                        | JACKSONVILLE FL 32256                                             |
|               |                                           |                                                        | 600003095336--2<br>-01/12/00--01002--017<br>****750.00 ****750.00 |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        |                                                                   |
|               |                                           |                                                        |                                                                   |

REINSTATEMENT

8. Name and Address of Current Registered Agent

MCMENAMY, WILLIAM B  
2925 BARNETT CENTER  
50 N. LAURA ST.  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

Jeffery G. Francis

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

10151 Deerwood Park Blvd.

Suite, Apt. #, Etc.

Suite 100 Suite 120

City

Jacksonville

State

FL

Zip Code

32256

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

SIGNATURE REQUIRED  
Jeffery G. Francis

REGISTERED AGENT MUST SIGN

Date

12/29/99

11. 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 REQUIRED  
Jeffery G. Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffery G. Francis

12/29/99

Date

904-646-9992

Daytime Phone #

APPROVED  
AND  
FILED

99 DEC 30 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

