

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000044923**  
1. Corporation Name  
**INFOLINK INFORMATION SERVICES, INC.**

**FILED**  
99 NOV -8 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2400 E. LAS OLAS BLVD. SUITE 268  
FORT LAUDERDALE, FL 33301** **SAME**

900003046889--7  
-11/17/99--01017--012  
\*\*\*900.00 \*\*\*900.00

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

2. New Principal Office Address, If Applicable <b>2400 E. LAS OLAS BLVD. SUITE 268 FORT LAUDERDALE, FL 33301</b>		3. New Mailing Office Address, If Applicable <b>SAME</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>5/19/1997</b>	
5. FEI Number <b>65-0725725</b>		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		SP 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
P/O	PRIEUR J. LEARY, III	344 ALTON RD, Box 6	MIAMI BEACH, FL 33139
VP/D	PRIEUR J. LEARY, JR.	344 ALTON RD, Box 6	MIAMI BEACH, FL 33139
<b>REINSTATEMENT 98-99</b>			
<b>ITS</b>			

8. Name and Address of Current Registered Agent <b>PRIEUR J. LEARY III 2400 E. LAS OLAS BLVD. SUITE 268 FORT LAUDERDALE, FL 33301</b>		9. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		City	
State		Zip Code	
<b>FL</b>			

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]* REGISTERED AGENT MUST SIGN Date: **10/3/99**

11. This corporation owes 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]* **PRIEUR J. LEARY, III - P/O** Date: **10/3/99** Daytime Phone #: **305 776 5343**

CR2E001 (12/98)