
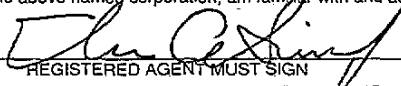



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 99 JAN 11 PM 3:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000057518 1. Corporation Name Information on Demand, Inc.					
Mailing Address 400 N. New York Ave., Suite 200 Winter Park, FL 32789		Principal Place of Business Same 400 N. New York Ave., Suite 200 Winter Park, FL 32789			
REINSTATEMENT					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable P.O. Box 600 Suite, Apt. #, etc.		3. New Principal Office Address, If Applicable 195 Ibis Road Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/23/97	
City & State Winter Park, FL		City & State Longwood, FL		5. FEI Number 59-3464781	
Zip 32790-0600		Country USA		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)
	D		Ronald D. Brown		195 Ibis Road
	P/S/T				Longwood, FL 32779
900002743549--5 01/15/99-01030-032 ****750.00 ****750.00					
900002743549--5 01/15/99-01030-032 ****150.00 ****150.00					
8. Name and Address of Current Registered Agent Thomas A. Simser 390 N. Orange Ave., Suite 1490 Orlando, FL 32801			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		
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 1/7/99 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. 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: 		Ronald D. Brown		1/7/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 407-975-0000	

CR2040 (5-94)