PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
REINST ATE AND	FLORIDA DEPARTME Sandra B. Mor	NT OF STATE rtham State		ソ
DOCUMENT # P9700093196		99 JAN -7 PM 3: 13		
1. Corporation Name			LEUNETART OF STATE	
VIEWPOINT DATA, INC.		_	TALLAHASSEE, FLORIDA	
rincipal Place of Business Mailing Address		,		
3195 NORTH POWERLINE ROAD SUITE 108 POMPANO BEACH FL 33069	SUITE 108			
If above addresses are incorrect in any way, line thr				
New Principal Office Address, If Applicable 3. New Mailing Office Address, If		Applicable	Date Incorporated or Qualified To Do Business in Florida 10/24/1997	
uite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For	
City & State	City & State ry Zip Country		65-0794556 Not Applicable 6. 925 Additional Fee your	le
Zip Country	<u> </u>		CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers	Str	eet Address of Each		\dashv
1 2	and/or Directors Offic 3 (Do NOT Use I		umbers) 4 City / State / Zip	4
PDROSARIO, GLADYS		EE_CIRCLE_'	COCONUT_CREEK_FL_33073	}
PD Rosario, Gladys 6780 NW 7		74th CT	Parkland, FL 33067	
		t y sp. 42.	20:0002743332 -01/15/9901019021 ****150.00 ****150.00	9
			7"	
8. Name and Address of Current I	Registered Agent	Name	9. Name and Address of New Registered Agent	
ROSARIO, GLADYS 3195 NORTH POWERLINE ROAD SUITE 108		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
POMPANO BEACH FL 33069		City	State Zip Code	7
10. I, being appointed the registered agent of the above Signature of Registered Agent	ve named corporation, am familiar with the state of the s	RED		-
This corporation owes or ha Intangible Personal Propert	as paid the current yea y tax due June 30.	ar Yes 🗌	No (See other side for information on intangible tax.)	
this reinstatement application, the reason for dissol	lution has been eliminated, the corpo- names of individuals listed on this for	rate name satisfies the do not qualify for a	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated oath.	ď
SIGNATURE: SIGNATURE AND THE OR PRIN	NEED NAME OF SIGNING OFFICER OR D	GADYS K	OSMRIO 12/18/98 954-91759	37



VIEWPOINT DATA, Inc.

SYSTEMS AND COMPUTER SERVICES

January 4, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

Your Doc # P97000093196

FEI # 65-0794556

Dear Sir or Madam,

Thanks for reviewing our letter and waiving the reinstatement fee for 1998. We are sending cheque # 1500 for \$150.00 to reinstate the corporation.

We are making payment the first business day of January. Please note your letter was mailed out December 30 and received January 4. That made it impossible for us to mail a cheque back in time to avoid the 1999 \$150.00 fee.

We ask you to reconsider the fee for 1999 as the time gap between your reply and our payment had an odd timing due to the holidays and the end of year.

Thanks again for your consideration.

Sincerery,

Antonio Arbona