


APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 NOV 17 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 098000000924 1. Corporation Name DataLister, INC.																																	
Principal Place of Business 399 NW BOCA RATON Blvd Suite 150 BOCA RATON, FL 33432		Mailing Address P.O. Box 1751 LAKELAND FL 33802																															
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 59-3487015-192312																													
City & State		City & State		Applied For Not Applicable																													
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>																													
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>William WAKEMAN</td><td>399 NW BOCA RATON Blvd. Suite # 150</td><td>BOCA RATON FL 33432</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	William WAKEMAN	399 NW BOCA RATON Blvd. Suite # 150	BOCA RATON FL 33432																				
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500003063675--2 -12/07/99--01099--020 ****750.00 ****750.00																																	
8. Name and Address of Current Registered Agent DAVID A. CARTER Attorney-at-Law 2300 Glades Road #210 W BOCA RATON FL 33431			9. Name and Address of New Registered Agent 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 David A. Carter REGISTERED AGENT MUST SIGN Date 11/15/99																																	
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: Will Wakeman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/15/99 Daytime Phone # 941-688-9327																																	