PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	FLORIDA DEPARTME Katherine H			
REINSTATEMENT	Secretary of S		FILED	
DO@UMENT # P98000012561			01 NOV 16 PM 2: 00	
1. Conforation Name GEODATA RESEARCH SYSTEMS, INC.			SECRETARY OF STATE TALLAHASSEE: FLORIDA	
,			Accumum	ļ
Principal Place of Business Mailing Address				1875 H 881 8110 8110+ H 81 3883
2080 MCGREGOR BLVD				
FORT MYERS FL 33901 FORT MYERS FL 33901		REINSTATEMEN	1 2004	
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			Date Incorporated or Qualified	
Suite, Apt. #, etc.	STERING AVE. ALL STERING HVIT.		To Do Business in Florida 02/04/1998	
City & State F7. Myens Beach, FL FT. Myens BEACH.		EI	5. FEI Number 65-0857993	Applied For Not Applicable
Zip 221 Country	Zip 2931 Count	n FC	6. CERTIFICATE OF STATUS DESIRED S	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)				
		treet Address of Each Officer and/or Director		
D GRIMES, LORI	5525 PALMETTO ST.— 211 STEPLING AVE.		FT. MYERS BEACH FL 33931	
D ANDERSON, ANDY S 4173 TOWN TERRACE		-	NORTH PORT FL 34287	
			500004719 -12/11/01(****750.00	1 0959 01072024 ****750.00
		***	LS	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				
GRIMES, LORI			D. GRIMES O. Box Number is Not Acceptable)	
			EeliNG AVE	CREE040 (8/01)
City - C - State Zin Code				
10. 1, being appointed the registered agant of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
$\langle n \rangle m l \rangle$				
Signature of Registered Agent Date Date Date				
11. I certify that 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 filling this reinstalement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Date:				