

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 20 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

998000020447

1. Corporation Name

INFORMATICS INC.

2. Principal Office Address

2920 NW 203 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33056

Country

USA

3. Mailing Office Address

2920 NW 203 TERR

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-04-86820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID CLAYTOR

Street Address (P.O. Box Number is Not Acceptable)

2920 NW 203 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33056

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

DI CLT

Date 2 MAR 00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COO	DAVID CLAYTOR	2920 NW 203 TERR MIAMI FL 33056	MIAMI FL 33056
			500003204285--0 -04/11/00--01118--004 ****150.00 ****150.00

10. 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:

DI CLT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 MAR 00

Date

305 474 5834

Daytime Phone #

CR2E081 (9/99)