

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028631

1. Corporation Name

ATTENDANCE TECHNOLOGIES INCORPORATED

Principal Place of Business

Mailing Address

~~11824 FOREST HILL BLVD.~~
~~SUITE 181~~
~~WEST PALM BEACH FL 33414~~

~~11824 FOREST HILL BLVD.~~
~~SUITE 181~~
~~WEST PALM BEACH FL 33414~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
301 Clematis Street, 3rd Floor
Suite, Apt. #, etc.
Galleria International 3000
City & State
West Palm Beach, FL
Zip
33401
Country
USA

3. New Mailing Office Address, If Applicable
301 Clematis Street, 3rd Floor
Suite, Apt. #, etc.
Galleria International 3000
City & State
West Palm Beach, FL
Zip
33401
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/27/1998

5. FEI Number 65-0822748
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	4 City / State / Zip
D	O'MALLEY, TOM- Thomas A.	11824 FOREST HILL BLVD. 301 Clematis Street, 3rd Floor, Galleria Int'l 3000	WEST PALM BEACH FL 33414- 33401
			300003029183--2 10/29/99--01057--002 ***758.75 ***758.75

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211 8895 North Military
PALM BEACH GARDENS FL 33418 #202D Trail
33410

Name
Street Address (P.O. Box Number is Not Acceptable)
8895 N. Military Trail
Suite, Apt. #, Etc.
#202D
City
Palm Beach Gardens
State
FL
Zip Code
33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

GRAND President

Date 10/18/99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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
Thomas A. O'Malley, Director & President

10/18/99

Date

(561) 655-5654

Daytime Phone #

CR2040 (9/99)