PLEASE REAL	O ALL INS	TRUCTIONS	BEFORE CO	MPLETI			
APPLICATION FOR REINSTATEMENT	A DEPARTMEN  Katherine Ha	rris tate	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
		IVISION OF CORPOR	AATIONS		01 NO!	129	AM II: 07
DOCUMENT # P9900  1. Corporation Name	000513	10					
DEMANDSTAR.COM, INC.				9000047212692 -12/12/0101081012			
	10.25				****750	.00	****750.00
Principal Place of Business Mailing Addi 1551 SANDSPUR ROAD 1551 SANDS		# 100%100					
SUITE B SUITE B MAITLAND FL 32751 MAITLAND FL							
				TATE	MCH.	<i>D</i>	- 01
If above addresses are incorrect in any way, line through incorrect information and a 2. New Principal Office Address, If Applicable 3. New Mailing Office Address				. Date Incorpo	rated or Qualified	001	214000
Suite, Apt. #, etc. Suite, Apt. #		, etc.		. FEI Number		Ub/(	01/1999 Applied For
City & State City & State		6.			59-3590973		Not Applicable
Zip Country	Country Zip				OF STATUS DESIRED (	□ \$8.75 fo	Additional Fee required r a Certificate of Status
7. Names and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit corpora	tions must list at least 3	directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
-V- NORTH, WILLIAM KNOX		2130 N.W. 82ND TERRACE			GUNRISE FL 33322		
-CD MARKEY, BERNARD B		259 RADNOR CHESTER ROAD			RADNOR PA 19287		
PCED. RAMOS, D. F. Michael Pickett		14020 CARLTON DRIVE			DAVIE FL-33330		
EVST GORNTO, L.A. JR		149-F-S. RIDGEWOOD AVE.			DAYTONA-BEACH FL 32114		
S Cameron S. Way		149F S. RIDGEWOOD AVE 6700 119th Ave S.F			Bellevue, WA 98006		
VCO JORDAN, EDWARD S		901 SWEETWATE	ir blvd. s.	LONGWOOD FL 32779			
- 8. Name and Address of Curre	Name and Address of New Registered Agent						
COPINTO, Ed. JR. Jordan, Edward S. Street Address (P. Street Address (				Edward S  d. Box Number is Not Acceptable) 2360 SE 9th St			
149-F SOUTH RIDGEWOOD AVE. 90	Sweet	voater Blud	_ <del>10+ Sw</del>	eet voe	ad Blvd	360	SE 9th St.
DAYTONA BCH FL 32114 Longwood, FL 32779 Suite, Apt. #, Etc.					BEACH		33062
2360 SE 9th Street, i	Beach,				State	Zip Code 32779	
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		<u> </u>	** x *		Date 11 2	llor	

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 607 or 617, F.S. I further certify that when filling 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.

REGISTERED AGENT MUST SIGN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1121 0

954-647-4056 Daytime Phone #