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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC -6 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079664

1. Corporation Name

Retrieval Dynamics Cororation

Principal Place of Business	Mailing Address
1819 Main Street Sarasota, FL 34236	1819 Main Street Sarasota, FL 34236

REINSTATEMENT 2000

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: September 10, 1999

5. FEI Number: 65-0947666 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Peter Voghel	1819 Main Street	Sarasota, FL 34236
CFO	Anthony Cella	7430 Fairlines Court	Sarasota, FL 34243
VP-MRKT	John Harkola	1819 Main Street	Sarasota, FL 34236

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****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Peter Voghel 701 Treasure Boat Way Sarasota, FL 34242	Name: Anthony A. Cella Street Address (P.O. Box Number is Not Acceptable): 7430 Fairlinks Ct. Suite, Apt. #, Etc.: City: Sarasota, State: FL, Zip Code: 34243

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: Peter Voghel Anthony Cella Date: 12/04/00
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Anthony A. Cella 11/8/2000 (941) 365-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #