

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06345**

1. Corporation Name

INSTANT DATA RESOURCES, INC.

Principal Place of Business

515 NE 178 STREET
MIAMI FL 33162-1919
US

Mailing Address

P O BOX 4394
MIAMI FL 33269-4394
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1990

5. FEI Number

65-0215861

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOWARD WILLIAM R	515 N.E. 178 ST.	NORTH MIAMI BEACH FL 33162

900008572859
10/24/02--01088--004 **150.00

AR 10/28

8. Name and Address of Current Registered Agent

HOWARD, WILLIAM R
515 NE 178 STREET
NORTH MIAMI BEACH FL 33162-1919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-22-02**

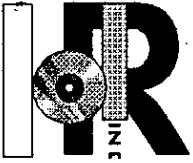
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 3066551122
Date Daytime Phone #

CR2E040 (8/02)



instantdata.com

**PO Box 4394
Miami, FL 33269-4394**

**305 655-1122
Fax 305 655-2202
dick@instantdata.com**

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: S06345

To Whom It May Concern:

I have not received any annual/uniform business reports this year. The enclosed completed reinstatement report is the only notice received.

If you have any questions, please do not hesitate to call 800-765-2006.

Thank you,

William R. Howard

President

Instant Data Resources, Inc. dba instantdata.com