

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**REINSTATEMENT**

**FILED**

96 DEC 12 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mwb  
12/12/96

DOCUMENT # **V14984**

1. Corporation Name

**MICROTEK DATA RETRIEVAL SYSTEMS, INC.**

Principal Place of Business

1012 PONCE AVE  
ORLANDO FL 32822

Mailing Address

2705 EAST SOUTH STREET  
ORLANDO FL 32803  
US



**REINSTATEMENT 1996**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/17/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3132439	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
D	PRECIL, GUY	1012 PONCE AVE	ORLANDO FL
D	PRECIL, JEAN P	1012 PONCE AVE	ORLANDO FL

800002033268--2  
-12/19/96--01014--010  
\*\*\*\*383.75 \*\*\*\*383.75

8. Name and Address of Current Registered Agent

PRECIL, GUY  
1012 PONCE AVE  
ORLANDO FL 32822

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **12/06/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

*Guy Precil*

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/06/96**

Date

Daytime Phone #