

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC 13 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V23955**

1 Corporation Name

RESEARCH DATA GROUP, INC.

Principal Place of Business

1015 EAST SEMORAN BLVD.
SUITE E
CASSELBERRY FL 32707

Mailing Address

1015 EAST SEMORAN BLVD.
SUITE E
CASSELBERRY FL 32707

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

03/24/1992

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

217

5. FEI Number

59-3175264

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	THOMAS, SAMUEL	1015 E SEMORAN BLVD, STE. 217	CASSELBERRY FL 32707
VP	HARRIS, JAMES A	1015 E. SEMORAN BLVD., STE. 217	CASSELBERRY FL 32707
VP	SANDRA G. THOMAS	959 BRIERWOOD LANE	Altamonte Springs, FL 32714
			600002032416--0 -12/18/96-01052-005 ***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

THOMAS, SAMUEL C.
1015 EAST SEMORAN BLVD.
SUITE E
CASSELBERRY FL 32707

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

Samuel Thomas

REGISTERED AGENT MUST SIGN

Date 12-10-96

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.

SIGNATURE:

Samuel Thomas

SAMUEL C. THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-96

Date

407-260-0036

Daytime Phone #