

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V23955**

1 Corporation Name

RESEARCH DATA GROUP, INC.

FILED

96 DEC 13 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Suite, Apt. #, etc.

217

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

217

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1992

5. FEI Number

59-3175264

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
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
✓ P	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

Zip Code

FL

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 #