

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

97 JAN -9 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V43235

1. Corporation Name
PERFORMANCE DATA SERVICES, INC.

Principal Place of Business
1909 SOUTH UNIVERSITY BLVD. #802
JACKSONVILLE FL 32216

Mailing Address
1909 SOUTH UNIVERSITY BLVD. #802
JACKSONVILLE FL 32216



REINSTATEMENT

q/baw

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.		06/11/1992	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3130127	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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	JONES, CHARLES R.	1909 S. UNIVERSITY BLVD.	JACKSONVILLE FL
D	SCHUELE, CAROL A	5000 SAN JOSE BLVD 2	JACKSONVILLE FL
D	DAVIS, DAVID M	12355 SHELL BEACH TRAIL	JACKSONVILLE FL

600002056026--8
-01/14/97-01001-011
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATWATER, GREGORY L.
1279 KINGSLEY AVE
SUITE 102
ORANGE PARK FL 32073

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

Gregory L. Atwater
REGISTERED AGENT MUST SIGN

Date 12/12/96

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: *Charles R. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/96 904-725-6225
Date Daytime Phone #

CPRE040 (7/96)