


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 FEB -6 AM 8:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name V64234 Rendata Incorporated		REINSTATEMENT <i>90-97</i>			
Principal Place of Business Mailing Address 11845 W. Olympic Blvd., #900 Los Angeles, CA 90064					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 11845 W. Olympic Blvd. Suite, Apt. #, etc. Suite 900 City & State Los Angeles, CA Zip 90064 Country USA		3. New Mailing Address, If Applicable 11845 W. Olympic Blvd Suite, Apt. #, etc. Suite 900 City & State Los Angeles, CA Zip 90064 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 9/15/92 5. FEI Number 65-0361745 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres.	Ewald J. Dienhart	11845 W. Olympic Blvd. #900	Los Angeles, CA 90064		
Secrt.	Hans Brummermann	11845 W. Olympic Blvd. #900	Los Angeles, CA 90064		
Vice Pr.	Morris Engel	11845 W. Olympic Blvd. #900	Los Angeles, CA 90064		
Treas.					
Vice Pr.					
CFO					
				800002084768--9 02/12/97 01010 006 *****915.00 *****915.00	
				<i>JB2-7-97</i>	
8. Name and Address of Current Registered Agent Mark B. Kleinfeld 505 S. Flagler Dr. Suite 1100 W. Palm Beach, FL 33401			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 <i>[Signature]</i> Date <i>1-23-97</i> <div style="text-align: center; margin-top: 10px;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on Intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-24-97 710 4778601 Date Daytime Phone #			

CR2E040 (12/95)