PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 25 PM 2:49

DOCUMENT # V74085

1. Corporation Name

INFORMATION DATA SERVICES, INC.

800004658268--2
10/25/01--01006--008
REINSTATEMENT ****50.00 ****750.00
SP

2. Principal Office Address	3. Mailing Office Address
312 West First Street	312 West First Street
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 208
City & State Sanford, Florida	City & State Sanford, Florida
Zip 32771 Country Seminole	Zip 32771 Country Seminole

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/1992

5. FEI Number: 59-3146095 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Rafael Toledo, Jr.

Street Address (P.O. Box Number is Not Acceptable): 312 West First Street

Suite, Apt. #, Etc.: Suite 208

City: Sanford | State: FL | Zip Code: 32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Rafael Toledo Jr. Date: 10-24-01

REGISTERED AGENT MUST SIGN

CR2E061 (6/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Dougals F. Pollock	312 W. First St, Suite 208	Sanford, Fl. 32771
VP, D	Rafael Toledo, Jr.	312 W. First St., Suite 208	Sanford, Fl. 32771

10. 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: Rafael Toledo Jr. 10/24/01 (407) 260-1819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #