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2008 JAN 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000002538

1. Corporation Name

Ontrack Data Recovery, Inc.

2. Principal Office Address - No P.O. Box #

9023 Columbine Road

Suite, Apt. #, etc.

City & State

Eden Prairie, MN

Zip

55347

Country

USA

3. Mailing Office Address

9023 Columbine Road

Suite, Apt. #, etc.

Attn: Shelly Jackson

City & State

Eden Prairie, MN

Zip

55347

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

May 7, 2004

5. FEI Number

41-1613148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$1.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent

Michele Miller

Date

1/8/2008

REGISTERED AGENT MUST SIGN Assistant Secretary

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
C/T/D	Ben Allen	900 Third Ave	New York, NY 10022
P/D	Kristin Nimsger	9023 Columbine Road	Eden Prairie, MN 55347
V	Tom Skiba	9023 Columbine Road	Eden Prairie, MN 55347
COO	Gregory Olson	9023 Columbine Road	Eden Prairie, MN 55347
V/S/D	Sabrina Perel	900 Third Ave	New York, NY 10022

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 contained in Chapter 118, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

952-937-1107

Date

Daytime Phone #

FL610 - 1/3/07 CT System Online

9. MICHIGAN JAN 10 2008

2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

ONTRACK DATA RECOVERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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Corporate Filing Menu


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10f2

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000002537

1. Corporation Name
Kroll Ontrack Inc.

2. Principal Office Address - No P.O. Box #
9023 Columbine Road

3. Mailing Office Address
9023 Columbine Road

Subs. Apt. #, etc.
Attn: Shelly Jackson

City & State
Eden Prairie, MN

City & State
Eden Prairie, MN

Zip
55347

Country
USA

Zip
55347

Country
USA

REINSTATEMENT
CR2E081 (1/07)

07/08

4. Date incorporated or Qualified To Do Business in Florida
May 7, 2004

5. FEI Number
41-1521650

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S Pine Island Road

Subs. Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent
Michele Miller
Michele Miller
Assistant Secretary 1/3/2008

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CT/D	Ben Allen	900 Third Ave	New York, NY 10022
P/D	Kristin Nirasger	9023 Columbine Road	Eden Prairie, MN 55347
V/D	Michael Heltriegel	900 Third Ave	New York, NY 10022
COO	Gregory Olson	9023 Columbine Road	Eden Prairie, MN 55347
V/S	Sabrina Perel	900 Third Ave	New York, NY 10022
V	Tom Skiba	9023 Columbine Road	Eden Prairie, MN 55347

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 contained in Chapter 119, 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: *[Signature]* **K Nirasger**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/3/08

552-937-1107
Daytime Phone #

B. Mitchell JAN 15 2008

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

KROLL ONTRACK, INC.

Certificate of Status	0
Certified Copy	0
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