

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002866

1. Corporation Name
IMSoftTech, Inc.

2. Principal Office Address
112 E. Line St.

3. Mailing Office Address
112 E. Line St.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Tyler, Texas

City & State
Tyler, Texas

Zip
75702

Country
USA

Zip
75702

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
May 24, 2001

5. FEI Number
75-2652838

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name
The Corporation Trust Company

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

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

000019325650
05/19/03--01084--022 **1098.75

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

Susan L. Eldredge

Susan L. Eldredge

Date 5-6-02

REGISTERED AGENT MUST SIGN

Asst. Secretary & V. President

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	Marlene Benoit	8609 Six Forks Road	Raleigh, NC 27615
V	Daniel W. Harness	8609 Six Forks Road	Raleigh, NC 27615
S	Timothy J. Dolan	1701 Byrd Avenue	Richmond, VA 23230
T	Barry W. Seneri	8609 Six Forks Road	Raleigh, NC 27615
D	Marlene Benoit	8609 Six Forks Road	Raleigh, NC 27615
D	Timothy J. Dolan	1701 Byrd Avenue	Richmond, VA 23230

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:

Timothy J. Dolan

Timothy J. Dolan

5/7/03

804-756-6519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5123