

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000006272**

1. Corporation Name

ALIGNIS, INC.

FILED
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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~1055 LENOX PARK BLVD
 SUITE 150
 ATLANTA GA 30319
 US~~

~~1055 LENOX PARK BLVD
 SUITE 150
 ATLANTA GA 30319
 US~~

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

12/19/1995

Suite, Apt. #, etc.

1125

Suite, Apt. #, etc.

1125

5. FEI Number

58-2131109

Applied For
 Not Applicable

City & State

ATLANTA, GA.

City & State

ATLANTA, GA.

Zip

30339

Country

COBB

Zip

30339

Country

COBB

6. CERTIFICATE OF STATUS DESIRED

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 | 4 City / State / Zip |
|----------------------|---|--|---------------------------|
| DCP DP | LAUGHLIN, JAMES B. WILLIAMS, JACK - CEO | 1055 LENOX PARK BLVD, STE 152 100 GALLERIA PARKWAY, SUITE 1125 | ATLANTA GA 30319 |
| D | MCLANE, JAMES- O'CONNOR, H. TOMPKINS | 1016 W. 9TH AVE. | KING OF PRUSSIA PA 19406 |
| D | CHANNING, WALTER | C/O CW GROUP, 1041 3RD AVE | NEW YORK NY 10021 |
| D | HAVENS, SAM HAVENS, SAM | 151 NOE | CHATHAM TOWNSHIP NJ 07928 |
| T | FROISTAD, ERIC - CFO | 1055 LENOX PARK BLVD, SUITE 150 100 GALLERIA PARKWAY, SUITE 1125 | ATLANTA GA |
| D | BURKE, TERRENCE | 26611 NORTH POINT ROAD | EASTON MD 21601 |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100003464881--5

Suite, Apt. #, Etc.

-11/15/00--01101--0108

City

******750.00**

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

Dale W. Morris **SIGNATURE REQUIRED**
DALE W. MORRIS

Date **10/20/00**

REGISTERED AGENT MUST SIGN **ASSISTANT VICE PRESIDENT**

11. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00

Date

404-848-0944

Daytime Phone #