

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:16

DOCUMENT # F99000000903

1. Corporation Name

ALYDAAR SOFTWARE CORPORATION

Principal Place of Business

Mailing Address

~~2101 REXFORD ROAD, STE 250W  
CHARLOTTE NC 28211~~

~~2101 REXFORD ROAD, STE 250W  
CHARLOTTE NC 28211~~



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 4064 Colony Road Suite, Apt. #, etc. Suite 100 City & State Charlotte, NC Zip 28211		3. New Mailing Office Address, If Applicable 4064 Colony Rd Suite, Apt. #, etc. Suite 100 City & State Charlotte, NC Zip 28211		4. Date Incorporated or Qualified To Do Business in Florida 02/16/1999	
				5. FEI Number 87-0399301	
				Applied For Not Applicable	
				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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
✓	MILLIGAN, FRANK G Thomas, S Wayne	<del>2101 REXFORD RD., STE 250W</del> 4064 Colony Rd	CHARLOTTE NC
VD	DUDCHIK, THOMAS J	<del>2101 REXFORD RD., STE 250W</del> 4064 Colony Rd.	CHARLOTTE NC
SD	<del>SCOTT, V H</del> Dulaney, Dain	<del>2101 REXFORD RD., STE 250W</del> 4064 Colony Rd.	CHARLOTTE NC
P/C	GRUDER, ROBERT F	<del>2101 REXFORD RD., STE 250W</del> 4064 Colony Rd.	CHARLOTTE NC
D	<del>MC MILLAN, J A</del> Blumberg, Richard	<del>2101 REXFORD RD., STE 250W</del> 4064 Colony Rd.	CHARLOTTE NC
D	<del>HELM, JAMES F</del> McLaughlin, James	<del>2101 REXFORD RD., STE 250W</del> 4064 Colony Rd.	CHARLOTTE NC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	900003500489-5
City	-12/13/00-01107-011
	****750-00 ****250-00
	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: SIGNATURE REQUIRED Date: 11/15/2000  
REGISTERED AGENT MUST SIGN

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

SIGNATURE: J. WAYNE THOMAS, CEO Date: 11/27/00 Daytime Phone #: 704 365-2324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)