PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 27 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J13595

1. Corporation Name
RENAISSANCE SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
~~248 SE FALLON~~ ~~PT. ST. LUCIE FL 34983~~ ~~US~~	PO BOX 7819 ~~SOUTH HUTCHINSON~~ PT. ST. LUCIE FL 34985-7819 US

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1500 SEMIORAN Rd Ste 182	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PT ST LUCIE, FL	City & State
Zip 34952 Country PT. St Lucie	Zip Country

Date Incorporated or Qualified To Do Business in Florida: 05/09/1996

5. FEI Number: 59-2683281 — Applied For ☐ Not Applicable ☐

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSC	BANKS, ANDREW	621 WOODS WAY DRIVE	LOVELAND OH 45140

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~~*****383.95~~ ~~*****383.95~~

8. Name and Address of Current Registered Agent

~~RENNERT, FOX, VERNON, KX~~
~~1051 WINDERLY PLACE, SUITE 4400~~
~~MAITLAND, FL 32751~~

9. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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: Karen B. Rozar SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN Karen B. Rozar, As Agent
Date: November 27, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Andrew W. BANKS PRESIDENT
Date: 10-7-96
Daytime Phone #: 513/528-0119

CR2E040 (7/96)