

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 MAR 31 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800147951838
03/30/09--01034--006 **655.00
CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005606

1. Limited Liability Company's Name

SUNGARD WORKFLOW SOLUTIONS LLC

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

104 INVERNESS CENTER PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

601 2ND AVE SO

Suite, Apt. #, etc.

City & State

BIRMINGHAM, AL

City & State

HOPKINS, MN

Zip

35242

Country

USA

Zip

55343

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida 10/2005

6. FEI Number

63-1019430

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with the provisions of Chapter 608, F.S.

Signature of
Registered Agent

Jeanne Nelson
REGISTERED AGENT MUST SIGN

Jeanne Nelson
Assistant Secretary

Date

12/12/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MICHAEL J. RUANE	680 EAST SWEDES FORD ROAD	WAYNE, PA 19087
MGR	THOMAS J. MCDUGALL	680 EAST SWEDES FORD ROAD	WAYNE, PA 19087
MGR	MARC THORSEN	601 2ND AVE SO	HOPKINS, MN 55343

REINSTATEMENT-06-07-08+09

C.S.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Signature]

Date

3/19/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager