

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # F00000002871

1. Corporation Name

THRU PUT CORPORATION

Principal Place of Business

C/O MAPICS, INC.
1000 WINDWARD CONCOURSE, SUITE 100
ALPHARETTA GA 30005

Mailing Address

C/O MAPICS, INC.
1000 WINDWARD CONCOURSE, SUITE 100
ALPHARETTA GA 30005

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2000

5. FEI Number

52-2211286

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PTD

GILMORE, WILLIAM J
CASEY, MICHAEL J.

1000 WINDWARD CONCOURSE, SUITE 1

ALPHARETTA GA 30005

SD

AVALLONE, MARTIN D

1000 WINDWARD CONCOURSE, SUITE 1

ALPHARETTA GA 30005

700008831687

11/06/02 01092 002 **150.00

8. Name and Address of Current Registered Agent

NEWMAN, DAVID J
1126 DEERWOOD LANE
OLDSMAR FL 34877

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date October 23, 2002

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary October 25, 2002

(678)

319-8487

Date

Daytime Phone #

CR2E040 (8/02)



mapics™

Via Federal Express

October 25, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

**Re: Thru-Put Corporation – F00000002871
Application for Reinstatement**

Ladies and Gentlemen:

Enclosed please find an Application for Reinstatement on behalf of Thru-Put Corporation, along with a check in the amount of \$150.00 covering the required Uniform Business Report (UBR) fees.

Thru-Put Corporation respectfully requests that the reinstatement fee be waived due to the fact that the prior two UBR notices were not received.

Should you have any questions regarding this matter, please contact Joan Larkin at (678) 319-8018, facsimile (678) 319-8949, or Email at joan.larkin@mapics.com.

Very truly yours,



Martin D. Avallone
Secretary and Director
Thru-Put Corporation

Enclosures