

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002866

1. Corporation Name

IMSoftTech, Inc.

2. Principal Office Address

112 E. Line St.

3. Mailing Office Address

112 E. Line St.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tyler, Texas

City & State

Tyler, Texas

Zip

75702

Country

USA

Zip

75702

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 24, 2001

5. FEI Number

75-2652838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

The Corporation Trust Company

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Susan L. Eldredge

REGISTERED AGENT MUST SIGN

Susan L. Eldredge

Date

5-6-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marlene Benoit	8609 Six Forks Road	Raleigh, NC 27615
V	Daniel W. Harness	8609 Six Forks Road	Raleigh, NC 27615
S	Timothy J. Dolan	1701 Byrd Avenue	Richmond, VA 23230
T	Barry W. Seneri	8609 Six Forks Road	Raleigh, NC 27615
D	Marlene Benoit	8609 Six Forks Road	Raleigh, NC 27615
D	Timothy J. Dolan	1701 Byrd Avenue	Richmond, VA 23230

10. 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:

Timothy J. Dolan

Timothy J. Dolan

5/7/03

804-756-6519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5123