

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005232

1. Corporation Name

TMANAGE, INC.

Principal Place of Business

2111 WEST BRAKER LANE
AUSTIN TX 78758-4029

Mailing Address

2111 WEST BRAKER LANE
AUSTIN TX 78758-4029

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

10/17/2002

5. FEI Number

52-2104446

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
POB	BALZER, CAREY	2111 WEST BRAKER LANE	AUSTIN TX 78758
CFO	SHREINER, JAY PAUL J. MILLEY	2111 WEST BRAKER LANE 6691 OWENS DR.	AUSTIN TX 78758 PLEASANTON, CA 94588
CEO	MOCHER, JOHN DR. HARRY M. TAXIN	2111 WEST BRAKER LANE 6691 OWENS DR.	AUSTIN TX 78758 PLEASANTON, CA 94588
VPS	ARENDES, TROY MICHAEL L. TAVISS	2111 WEST BRAKER LANE 6691 OWENS DR.	AUSTIN TX 78758 PLEASANTON, CA 94588
D	BALEER, GARY DR. HARRY M. TAXIN	2111 WEST BRAKER LANE 6691 OWENS DR.	AUSTIN TX 78758 PLEASANTON, CA 94588
D	BETNER, LISA	2111 WEST BRAKER LANE	AUSTIN TX 78758

8. Name and Address of Current Registered Agent

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

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/3/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.24.03

Date

Daytime Phone #

512-794-6185

CR2E040 (7/03)



October 17, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TManage, Inc.

Dear Madam/Sir:

We have received the Notice of Administrative Dissolution or Revocation dated September 19, 2003, which was issued because TManage failed to file the 2003 annual report/uniform business report. TManage did not receive any prior uniform business report notices. Our Application for Reinstatement is enclosed and we hereby request that the Reinstatement Fee be waived.

If you have any questions, please call Clay Arendes at 512-794-6530.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carey M. Balzer'.

Carey M. Balzer
President

Enclosure