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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 14 PM 1:09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006177

1. Corporation Name

Goldleaf Technologies, Inc.

2. Principal Office Address

9020 Overlook Blvd

Suite, Apt. #, etc.

Suite 300

City & State

Brentwood, TN

Zip

37027

Country

USA

3. Mailing Office Address

P.O. Box 1603

Suite, Apt. #, etc.

City & State

Brentwood, TN

Zip

37024-1603

Country

USA

REINSTATEMENT 03-06

CR2E081 (8/05)

4. Date Incorporated or Qualified

To Do Business in Florida 12/12/2002

5. FEI Number

62-1810076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current 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

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

Maureen Cullen, Maureen Cullen, VP Date 3/15/06

REGISTERED AGENT MUST SIGN

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
CEO/D	Henry Baroco	9020 Overlook Blvd. Ste. 300	Brentwood, TN 37027
P	Paul McCulloch	214 Overlook Ct. Ste. 120	Brentwood, TN 37027
S/D	Michael Berman	9020 Overlook Blvd. Ste. 300	Brentwood, TN 37027
T	J. Scott Craighead	9020 Overlook Blvd. Ste. 300	Brentwood, TN 37027

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Berman

3/13/06

Date

615-221-8400

Daytime Phone #

242



March 13, 2006

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

RE: Reinstatement of Goldleaf Technologies
Document #F02000006177

Dear Sir or Madam:

I enclose a Corporation Reinstatement form and fee of \$450.00 in order to reinstate the above reference corporation in Florida.

Please be advised that the Company never received annual reports for the periods of 2002-2005. It is our understanding, pursuant to conversations with our law firm, that you would waive the penalty of \$600 since the reports were not received.

If you have any questions regarding this filing, please call me at (615)565-7516.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gina Rudolph", is written over the word "Sincerely,".

Gina Rudolph
Corporate Paralegal

Enclosures