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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000002448

1. Corporation Name
SOFTWARE ARMADA, INC.

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REINSTATEMENT

CR2E081 (12/05) 04-06

2. Principal Office Address	3. Mailing Office Address
1255 ALDERMAN DRIVE	[same as principal office]
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALPHARETTA, GA	City & State
Zip: 30005 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 5/14/2003

5. FEI Number: 54-1922058 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address: 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.
City: PLANTATION State: FL Zip Code: 33324

8. I hereby appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0502 or 617.0503, F.S.

Signature of Registered Agent: Jeffrey D. Butterfield Assistant Secretary Date: 11/14/06
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	NEIL BOYER	1255 ALDERMAN DRIVE	ALPHARETTA, GA 30005
T/D	PHILIP FLORENZO	1255 ALDERMAN DRIVE	ALPHARETTA, GA 30005
S/D	TODD FRAGER	1255 ALDERMAN DRIVE	ALPHARETTA, GA 30005

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 this reinstatement application, the reason for dissolution has been eliminated, the corporate status 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 contained in Chapter 119, 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: Neil Boyer NEIL BOYER, PRESIDENT 10/27/06 (678) 385-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 14 2006

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

SOFTWARE ARMADA, INC.

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