

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -9 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003055			
1. Entity Name AIA SOFTWARE NORTH AMERICA, INC.			
Principal Place of Business 15 HIDDEN LAKE WAY, STE. 102 PALM COAST, FL 32137		Mailing Address 15 HIDDEN LAKE WAY, STE. 102 PALM COAST, FL 32137	
2. Principal Place of Business 5 Broadacre Drive Suite 100 City & State Mount Laurel, NJ		3. Mailing Address 5 Broadacre Drive Suite 100 City & State Mount Laurel, NJ	
Zip 8054		Country USA	
4. FEI Number 98-0382648		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. CONNIE BRYAN SIGNATURE: <i>Connie Bryan</i> SPECIAL ASSISTANT SECRETARY DATE: 2/8/05			
FILE NOW!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DIRVEN, PAUL DE BOUGERD 40 6581 TG NIJMAGEN, NETHERLAND, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bongerd UB 6581TG Nymegen ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POORT, JAN VALKRUSTDREEF 65 4835 NO BRADA, NETHERLANDS, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Boisvert, Geoffrey 5 Broadacre Drive Mount Laurel, NJ 8054 USA ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and CFO Maas, Paul 6505 AV Nymegen, Netherlands ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mr. Paul Maas</i>		11/15/2004 00312423710230	

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000034071 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

*Please refik
and backdate
to 2/9/05
Thanks!
Jennifer*

CORPORATION REINSTATEMENT

AIA SOFTWARE NORTH AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing

Public Access Help