

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 13 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F06000001910
LANDesk Software Inc.

2. Principal Office Address - No P.O. Box #

698 West 10000 South

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

South Jordan, Utah

City & State

Zip

84095

Country

USA

Zip

Country

REINSTATEMENT 07-09
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/2006

5. FEI Number

300110335

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 by:

NRAI Services, Inc.

REGISTERED AGENT MUST SIGN

Date

2/6/09

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
Pres.	Stephen M. Daly	698 West 10000 South	South Jordan, Utah 84095
VP	Samuel F. Saracino	9911 Willows Road N.E.	Redmond, Washington 98052
VP	Doyle C. Weeks	4991 Corporate Drive	Huntsville, AL 35805

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 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:

Stephen M. Daly

Stephen M. Daly

02/06/09

801-208-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #