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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 # F14000001732

1. Corporation Name
BOXWOOD TECHNOLOGY INCORPORATED

09/27/16 -01001-002 * 750

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11350 MCCORMICK ROAD	11350 MCCORMICK ROAD
Suite, Apt. #, etc.: SUITE 1000	Suite, Apt. #, etc.: SUITE 1000
City & State: HUNT VALLEY, MARYLAND	City & State: HUNT VALLEY, MARYLAND
Zip: 21031 Country: US	Zip: 21031 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/14

5. FEI Number: 52-2184005 ☐ 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

REINSTATEMENT

NOV 3 2016

R. HUNT

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: Faith M. Atkins Date: 4/24/17

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
DTS	HOWARD, NIGEL	5950 NW 1ST PLACE	GAINESVILLE, FL 32607
DVPS	JOHNSON, JERRY	5950 NW 1ST PLACE	GAINESVILLE,FL32607
DCEO	DEBARR, ALEXANDER	5950 NW 1ST PLACE	GAINESVILLE, FL 32607
D	RIVERS, RUFUS H	5950 NW 1ST PLACE	GAINESVILLE, FL 32607
OCFO	SCHWALLIE, JOHN	5950 NW 1ST PLACE	GAINESVILLE, FL 32607
OCOO	UNDERWOOD, MARCUS	5950 NW 1ST PLACE	GAINESVILLE, FL 32607

10. E-mail Address: SSPEAR@NAYLOR.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 4/24/17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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