

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

00 OCT 13 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F46362

1. Corporation Name

Bank Systems and Equipment Corp.

2. Principal Office Address

6190 Powers Ferry Road

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, Georgia

Zip

30339

Country

Fulton

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/1981

5. FEI Number

592182116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

000003455070--7

-11/07/00--01066--007

***758.75 ***758.75

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT 2000

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

Conrad Rager

REGISTERED AGENT MUST SIGN

Date October 13, 2000

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
CFO & SEC/TRES/VP	DIRECTOR & Richard S. Eiswirth	6190 Powers Ferry Rd., Ste 400	Atlanta, GA 30339
CEO & PRES.	DIRECTOR & Glenn W. Sturm	same as above	
VP &	DIRECTOR C. Michael Bowers	same as above	
VP & CONTROLLER	Jarett J. Janik	same as above	

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

Richard S. Eiswirth

Richard S. Eiswirth

10/12/2000

770/850-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #