

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F93000002269

1. Corporation Name

SYMIX COMPUTER SYSTEMS, INC.

Principal Place of Business

2800 CORPORATE EXCHANGE DR.
COLUMBUS OH 43231

Mailing Address

2800 CORPORATE EXCHANGE DR.
COLUMBUS OH 43231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1993

SP

5. FEI Number

31-1286706

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SA 75.00

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	FOX, LAWRENCE J	2800 CORPORATE EXCHANGE DR., SUI	COLUMBUS OH 43231
PD CEO	SASSER, STEPHEN A	2800 CORPORATE EXCHANGE DR	COLUMBUS OH
SVT	DELEON, LARRY	2800 CORPORATE EXCHANGE DRIVE	COLUMBUS OH
V	JAMES W. RANDALL	2800 CORPORATE EXCHANGE DR.	COLUMBUS OH 43231
V	WILLIAMS, ROBERT	2800 CORPORATE EXCHANGE DRIVE	COLUMBUS OH

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if Not Applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-15-99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

REQUIRED

Date 11/3/99

614-523-7000
Daytime Phone #

Symix Computer Systems, Inc.
Officers and Directors

<u>Name and Title</u>	<u>Home Address</u>	<u>SSN</u>
Lawrence J. Fox Chairman of the Board, Chief Executive Officer and Director	10270 Olentangy River Road Powell, OH 43065	274-52-7812
Stephen A. Sasser President, Chief Operating Officer and Director	2407 Tremont Road Columbus, OH 43220	449-90-4099
Lawrence W. DeLeon Vice President, Chief Financial Officer, Secretary and Treasurer	6339 Lake Trail Drive Westerville, OH 43081	291-46-2244