

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**AFFIDAVIT
FOR
REINSTATEMENT**



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

DOCUMENT # F95000006272

1. Corporation Name

ALIGNIS, INC.

Principal Place of Business

Mailing Address

~~1055 LENOX PARK BLVD~~
~~SUITE 150~~
~~ATLANTA GA 30319~~
~~US~~

~~1055 LENOX PARK BLVD~~
~~SUITE 150~~
~~ATLANTA GA 30319~~
~~US~~

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

2. New Principal Office Address, If Applicable

100 GALLERIA PARKWAY

3. New Mailing Office Address, If Applicable

100 GALLERIA PARKWAY

Suite, Apt. #, etc.

1125

Suite, Apt. #, etc.

1125

City & State

ATLANTA, GA.

City & State

ATLANTA, GA.

Zip

30339

Country

COBB

Zip

30339

Country

COBB

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1995

5. FEI Number

58-2131109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DCP DP	LAUGHLIN, JAMES B. WILLIAMS, JACK - CEO	1055 LENOX PARK BLVD, STE 152 100 GALLERIA PARKWAY, Suite 1125	ATLANTA GA 30319
D	MCLANE, JAMES- O'CONNOR, H. TOMPKINS	1016 W. 9TH AVE.	KING OF PRUSSIA PA 19406
D	CHANNING, WALTER	C/O CW GROUP, 1041 3RD AVE	NEW YORK NY 10021
D	HAVERS, SAM HAVERNS, SAM	151 NOE	CHATHAM TOWNSHIP NJ 07928
T	FROISTAD, ERIC - CFO	1055 LENOX PARK BLVD, SUITE 150 100 GALLERIA PARKWAY, Suite 1125	ATLANTA GA
D	BURKE, TERRENCE	26611 NORTH POINT ROAD	EASTON MD 21601

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

100003464881--5

Suite, Apt. #, Etc.

-11/15/00--01101--008

City

******750.00**

State

FL

Zip Code

******750.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

DALE W. MORRIS

REGISTERED AGENT MUST SIGN

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date

10/20/00

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00

Date

404-848-0944

Daytime Phone #