

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

90 MAY 11 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F960000003633

1. Corporation Name

SUNRIZE SOFTWARE, INC. OF NORTH CAROLINA

Principal Place of Business

Mailing Address

9 WOODLAWN GREEN / SUITE 101
CHARLOTTE, NC 28217

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 13, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-1450920

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
3% C	DONALD G. HOOVER	9 WOODLAWN GREEN / SUITE 101	CHARLOTTE, NC 28217
P	STEVEN D. MADDOX	9 WOODLAWN GREEN / SUITE 101	CHARLOTTE, NC 28217
DKS	PATRICIA HOOVER	9 WOODLAWN GREEN #101	CHARLOTTE, NC 28217
D	JAMES S. STIGLEIZ	9 WOODLAWN GREEN #101	CHARLOTTE, NC 28217
			100002526351--7 -05/15/98--01120--023 ****\$900.00 ****\$900.00

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONALD G. HOOVER 4790 N 9TH AVE PENSACOLA, FL 32504	Name DAVID W. DICKERSON d. Allen Street Address (P.O. Box Number is Not Acceptable) 4790 N 9TH AVE Suite, Apt. #, Etc. City PENSACOLA State FL Zip Code 32504
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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

Donald G. Hoover

Date

4/15/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Donald G. Hoover

Date

4/15/98

Daytime Phone #

CR2E040 (1/98)