

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 MAY 11 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

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 <u>JULY 18, 1996</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>56-1450920</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
<u>3/16</u>	<u>DONALD G. HOOVER</u>	<u>9 WOODLAWN GREEN / SUITE 101</u>	<u>CHARLOTTE, NC 28217</u>
<u>P</u>	<u>STEVEN D MADDOX</u>	<u>9 WOODLAWN GREEN / SUITE 101</u>	<u>CHARLOTTE, NC 28217</u>
<u>DKS</u>	<u>PATRICIA HOOVER</u>	<u>9 WOODLAWN GREEN #101</u>	<u>CHARLOTTE, NC 28217</u>
<u>D</u>	<u>JAMES S. STIGLEIZ</u>	<u>9 WOODLAWN GREEN #101</u>	<u>CHARLOTTE, NC 28217</u>

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	
<u>DONALD G. HOOVER</u> <u>4790 N 9TH AVE</u> <u>PENSACOLA, FL 32504</u>		<u>DAVID W. DICKERSON</u> <u>4790 N 9TH AVE</u> <u>PENSACOLA, FL 32504</u>	

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 Hoover REGISTERED AGENT MUST SIGN 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: Donald Hoover Date: 4/15/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)