

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 FEB 20 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F96000005011

1. Corporation Name

GLOBAL IMAGING FINANCE COMPANY

2. Principal Office Address

3820 Northdale Blvd.

3. Mailing Office Address

3820 Northdale Blvd.

Suite, Apt. #, etc.

200A

Suite, Apt. #, etc.

200A

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

USA

Zip

33624

Country

USA

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

09-30-96

5. FEI Number

59-3423296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **EX**

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

REINSTATEMENT 99-0118

State

FL

Zip Code

33324

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**

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date February 14, 2001

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
Dir.	Carl D. Thomas	c/o 3820 Northdale Blvd. #200A	Tampa, Florida 33624
Dir.	Peter Dinan	same as above	
Dir.	Pres. Thomas S. Johnson	same as above	
Dir.	& VP Raymond Schilling	same as above	
Asst.	Todd S. Johnson	same as above	
Asst.	Sec. Christopher J. Hagan	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:

Chita P.

Asst. Secretary

2/14/01

202-637-5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #