

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 JAN 19 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002672

1. Corporation Name

HERITAGE INFORMATION SYSTEMS, INC.

2. Principal Office Address

410 WEST FRANKLIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

410 WEST FRANKLIN ST

Suite, Apt. #, etc.

City & State

RICHMOND, VIRGINIA

City & State

RICHMOND, VIRGINIA

Zip

23220

Country

USA

Zip

23220

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/1998

5. FEI Number

04-2846830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

300003555873 0

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

1-18-01

REGISTERED AGENT MUST SIGN

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
P/D	John D. Tripodi	12609 Amber Terrace	Richmond, VA 23233
V/S/D	Mark A. Tripodi	4304 N. Ashlawn Drive	Richmond, VA 23221
V/D	Paul McDonough	13516 Reynard Lane	Richmond, VA 23233
V	Kenneth W. Kolb	2114 Hanover Avenue	Richmond, VA 23220
V	Susan K. Shackelford	10330 Gladfelter Road	Glen Allen, VA 23059

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:

John D. Tripodi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Tripodi

12 JAN 2001

Date

(804) 644-8707

Daytime Phone #

CR2E061 (8/99)

PAYCOR



ACCOUNT NO. : 072100000032
REFERENCE : 967317 7132548
AUTHORIZATION : Patricia Pizeto
COST LIMIT : \$ 1058.75

ORDER DATE : January 17, 2001
ORDER TIME : 12:34 PM
ORDER NO. : 967317-005
CUSTOMER NO: 7132548
CUSTOMER: Mr. Michael Eyler
Heritage Information Systems,
410 West Franklin Street
Richmond, VA 23220

DOMESTIC FILINGS

NAME: HERITAGE INFORMATION SYSTEMS,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____

RECEIVED
01 JAN 19 PM 2:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA