

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN -1 PM 1:48

**DOCUMENT #** F98000002703

**1. Corporation Name**

Peachtree Software, Inc.

**2. Principal Office Address**

1505 Pavilion Place

Suite, Apt. #, etc.

City & State

Norcross, GA

Zip

30093

Country

U.S.A.

**3. Mailing Office Address**

1505 Pavilion Place

Suite, Apt. #, etc.

City & State

Norcross, GA

Zip

30093

Country

U.S.A.

**REINSTATEMENT**

99-01

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

5/12/98

**SP**

**5. FEI Number**

58-1809363

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

NRAI SERVICES, INC

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

526 E PARK AVENUE

Suite, Apt. #, Etc.

City

Tallahassee FL 32301

State

FL

Zip Code

400004435264-5

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\*\*\*1050.00 \*\*\*1050.00

**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

Ed Hand - Asst. Secretary

Date

5/9/01

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
	Please see attached		

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/01

Daytime Phone #

770

724-4262

**Peachtree Software, Inc.**

**Officers:**

Doug Meyer, President and COO  
1505 Pavilion Place, Norcross, GA 30093

Teri McEvily, Senior Vice President Finance, CFO, and Secretary  
1505 Pavilion Place, Norcross, GA 30093

**Directors:**

Paul A. Walker  
Sage House, Benton Park Road, Newcastle upon Tyne, NE7 7LZ United Kingdom

James R. Eckstaedt  
56 Technology Drive, Irvine, CA 92618-2301

Paul Harrison  
Sage House, Benton Park Road, Newcastle upon Tyne, NE7 7LZ United Kingdom

Douglas Meyer  
1505 Pavilion Place, Norcross, GA 30093

Ronald F. Verni  
1505 Pavilion Place, Norcross, GA 30093