

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:16

DOCUMENT # F99000000903

1. Corporation Name

ALYDAAR SOFTWARE CORPORATION

Principal Place of Business

Mailing Address

~~2101 REXFORD ROAD, STE 250W~~
~~CHARLOTTE NC 28211~~

~~2101 REXFORD ROAD, STE 250W~~
~~CHARLOTTE NC 28211~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

4064 Colony Road

Suite, Apt. #, etc.

Suite 100

City & State

Charlotte, NC

Zip

28211

Country

3. New Mailing Office Address, If Applicable

4064 Colony Rd

Suite, Apt. #, etc.

Suite 100

City & State

Charlotte, NC

Zip

28211

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1999

5. FEI Number

87-0399301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
✓	MILLIGAN, FRANK G	2101 REXFORD RD., STE 250W	CHARLOTTE NC
✓	Thomas, S Wayne	4064 Colony Rd	
VD	DUDCHIK, THOMAS J	2101 REXFORD RD., STE 250W	CHARLOTTE NC
		4064 Colony Rd.	
SO	SCOTT, V H	2101 REXFORD RD., STE 250W	CHARLOTTE NC
S	Dulaney, Dain	4064 Colony Rd	
P/C	GRUDER, ROBERT F	2101 REXFORD RD., STE 250W	CHARLOTTE NC
		4064 Colony Rd.	
D	MCMILLAN, J A	2101 REXFORD RD., STE 250W	CHARLOTTE NC
	Blumberg, Richard	4064 Colony Rd	
D	HELM, JAMES F	2101 REXFORD RD., STE 250W	CHARLOTTE NC
	McLaughlin, James	4064 Colony Rd.	

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

900003500489-5

-12/13/00--01107--011

****750-00 ****750-00

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

11/15/200

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
J. WAYNE THOMAS, CFO

Date

11/27/00

Daytime Phone #

704 368-2324