

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # F99000002083

1. Corporation Name

AXIOM INFORMATION TECHNOLOGY CORPORATION

Principal Place of Business

127 PEACHTREE ST., STE #308
ATLANTA GA 30303

Mailing Address

127 PEACHTREE ST., STE #308
ATLANTA GA 30303

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

2. New Principal Office Address, If Applicable

3490 Piedmont Rd

Suite, Apt. #, etc.

#1401

City & State

Atlanta, GA

Zip

30305

Country

USA

3. New Mailing Office Address, If Applicable

3490 Piedmont Rd.

Suite, Apt. #, etc.

#1401

City & State

Atlanta, GA

Zip

30305

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1999

5. FEI Number

54-1474104

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
PCD	TAYLOR, ROBERT A	127 PEACHTREE ST., STE #308 3490 Piedmont Rd., Ste #1401	ATLANTA GA 30305
STD	TAYLOR, VICKI L	127 PEACHTREE ST., STE #308 3490 Piedmont Rd., Ste #1401	ATLANTA GA 30305
D	ALCORN, DOUGLAS J	4694-B PINECREST OFFICE PARK DR	ALEXANDRIA VA 22312
D	DURRETTE, WYATT B	600 E MAIN ST 20TH FL	RICHMOND VA 23219
D	HAAG, JOHN B	113 CLERMONT AVENUE 60 Dogleg Rd.	ALEXANDRIA VA 22963 Lake Monticello VA
D	SAVOPOULOS, PHILIP S	3201 KENNILWORTH AVENUE	BLADESNBURG MD 20710

8. Name and Address of Current Registered Agent

INTRA STATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE 3000
MIAMI FL 33131

9. Name and Address of New 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

State

Zip Code

FL 33324

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

10-18-01

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:

Vicki L Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500004677535--4

-11/14/01--01001--008

****758.75 ****758.75

10/15/01

404-995-8880

Date

Daytime Phone #

X227

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 3:06



REINSTATEMENT 01

CR2040 (8/01)