

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 AUG -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800288704778
08/03/16--01016--018 **1200.00

CR2E0B1 (11/10)

DOCUMENT # F99000002083

1. Corporation Name

AXIOM INFORMATION TECHNOLOGY CORPORATION

2. Principal Office Address - No P.O. Box #

425 Mabry Place NE

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30319

Country

3. Mailing Office Address

425 Mabry Place NE

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30319

Country

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. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

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

Nicole Chouinard

Assistant Secretary

Date 7/26/2016

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
President	Roger House	425 Mabry Place NE	Atlanta, GA 30319
COO	Sam Harris	617 Hasten Court	Fort Worth, TX 76120
Secretary	Jennifer House	425 Mabry Place NE	Atlanta, GA 30319

AUG 3 2016

R. HUNT

10. E-mail Address: cmbogard@axiom-corp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sam W. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/2016

Date

817-988-3750

Daytime Phone #