


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: fit-content;"> DISCOVERED AND FILED </div> <div style="text-align: center; margin-top: 10px;"> 1997 NOV 24 AM 10:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> <div style="text-align: center; margin-top: 20px;"> 200002358342--B -11/26/97--01092--013 ****750.00 ****750.00 </div>	
DOCUMENT # J47564 1. Corporation Name SWS SOFTWARE SERVICES, INC.		DO NOT WRITE IN THIS SPACE			
Principal Place of Business 200 East Robinson Street Suite 500 Orlando, FL 32801					
Mailing Address 200 East Robinson Street Suite 500 Orlando, FL 32801		4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right; font-weight: bold;">12/17/1986</div>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		5. FEI Number <div style="text-align: center; font-weight: bold;">59-2772561</div> <div style="display: flex; justify-content: space-between;"> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status </div>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
				4	City / State / Zip
	P/D		Wagenpfeil, Ralf		200 E. Robinson Street Suite 500 Orlando, FL 32801
	Asst Sec		G. Steven Brown		200 E. Robinson Street Suite 500 Orlando, FL 32801
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>					
8. Name and Address of Current Registered Agent Florida Corporate Support, Inc. 200 East Robinson Street Suite 500 Orlando, FL 32801				9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> Signature of Registered Agent <i>By: G. Steven Brown, Asst Secretary</i> REGISTERED AGENT MUST SIGN </div> <div> Date <i>11/13/97</i> </div> </div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>G. Steven Brown Asst. Secy</i> </div> <div> <i>11/16/1997</i> </div> </div>					

CR2040 (12/95)