

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L24220 1. Corporation Name NEW HORIZONS SYSTEM CONSULTING INC.		FILED 97 MAY -5 PM 2:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 105 WEST FIFTH AVE TALLAHASSEE FL 32303 US		Mailing Address 105 WEST FIFTH AVE TALLAHASSEE FL 32303 US	
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 Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business In Florida 10/20/1989		5. FEI Number 59-2978495	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$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)			
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
PD	SHACKELFORD, LORNE A.	3219 THOMASVILLE RD 1-A	TALLAHASSEE FL
D	SHACKLEFORD, LYNDIA G	3219 THOMASVILLE RD UNIT 1-A	TALLAHASSEE FL
DTS	COMBS, DAVID S	5418 LAWTON CT	TALLAHASSEE FL
300002171713--4 -05/08/97--01111--026 ****915.00 ****915.00			
8. Name and Address of Current Registered Agent SHACKELFORD, LORNE A. 3219 THOMASVILLE RD 1-A TALLAHASSEE FL 32312		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 FL	
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 <i>[Signature]</i> Date 4-30-97 REGISTERED AGENT MUST SIGN			
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 type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>[Signature]</i> David S. Combs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-30-97 Daytime Phone # 904-222-0555	

CR2040 (7/96)