

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 PM 12:04

DOCUMENT # P0000114883

1. Corporation Name

Navigy Holdings, Inc.

2. Principal Office Address

4800 Deerwood Campus Pkwy

Suite, Apt. #, etc.

Suite 100-7

City & State

Jacksonville, Florida

Zip

32246-8273

Country

USA

3. Mailing Office Address

4800 Deerwood Campus Pkwy

Suite, Apt. #, etc.

Suite 100-7

City & State

Jacksonville, Florida

Zip

32246-8273

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/15/00

5. FEI Number

59-3688054

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

Arezou C. Jolly

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

4800 Deerwood Campus Parkway

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246-8273

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

Arezou C. Jolly

REGISTERED AGENT MUST SIGN

Date

10/15/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

AD

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/C	L. Joseph Grantham	4800 Deerwood Campus Pkwy	Jacksonville, FL 32246
P	Nicklas E. Stamatogiannaki	4800 Deerwood Campus Pkwy	Jacksonville, FL 32246
S	Arezou C. Jolly	4800 Deerwood Campus Pkwy	Jacksonville, FL 32246
T	Robert Wall	4800 Deerwood Campus Pkwy	Jacksonville, FL 32246
AS	William A. Schwennesen	4800 Deerwood Campus Pkwy	Jacksonville, FL 32246
D	R. Chris Doerr	4800 Deerwood Campus Pkwy	Jacksonville, FL 32246

10. 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)(f), 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:

Arezou C. Jolly

Arezou C. Jolly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

(904) 905-6024

Daytime Phone #