

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**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 12:00

DOCUMENT # P00000115995

1. Corporation Name
Navigy, Inc.

2. Principal Office Address 4800 Deerwood Campus Pkwy
3. Mailing Office Address 4800 Deerwood Campus Pkwy

Suite, Apt. #, etc.
Suite 100-7

City & State
Jacksonville, Florida

Zip 32246-8273 **Country** USA

REINSTATEMENT

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4. Date Incorporated or Qualified To Do Business in Florida 12/20/00

5. FEI Number 59-3688055 **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 **600004649756-0**
Street Address (P.O. Box Number is Not Acceptable) 4800 Deerwood Campus Parkway **-10/23/01--01042--019**
Suite, Apt. #, Etc. ******758.75 ****758.75**
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** 10/4/01

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
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** **10/4/01** **(904) 905-6024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/00)

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NAMES AND ADDRESSES OF ADDITIONAL DIRECTORS

DIRECTOR

ADDRESS

Michael Cascone, Jr.

4800 Deerwood Campus Parkway
Jacksonville, Florida 32246-8273

Bruce N. Bagni

4800 Deerwood Campus Parkway
Jacksonville, Florida 32246-8273

Dr. Robert Lufrano

4800 Deerwood Campus Parkway
Jacksonville, Florida 32246-8273

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