

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000016314

1. Corporation Name

Harland America, Inc.

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

1803 Underwood Blvd.

Suite, Apt. #, etc.

City & State

Delran, NJ

Zip

08075

Country

U.S.A.

3. Mailing Office Address

1803 Underwood Blvd.

Suite, Apt. #, etc.

City & State

Delran, NJ

Zip

08075

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

February 13, 2001

5. FEI Number

582610640

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

Greydon W. Nedblake

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

16730 Captiva Drive

Suite, Apt. #, Etc.

City

Captiva

State

FL

Zip Code

33924

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Greydon W. Nedblake
REGISTERED AGENT MUST SIGN

Date MARCH 5, 2010

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
PVP	Jeffrey B Nedblake	10601 NW Ambassador Drive, Suite H	Kansas City, MO 64153
TSVP	James Potter	1803 Underwood Blvd.	Delran, NJ 08075
P	GREYDON W NEDBLAKE	10601 NW AMBASSADOR DR. SUITE K	KANSAS CITY, MO 64153

10. E-mail Address: linda.neel@harland-hms.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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.

SIGNATURE:

Greydon W. Nedblake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 5, 2010

Date

856-764-9622

Daytime Phone #

FILED

10 MAR 17 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-10

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