

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000109418

1. Corporation Name

SAVANNA SOFTWARE CORPORATION

Principal Place of Business

4001 NE SUGAR HILL AVE  
JENSEN BCH FL 34957

Mailing Address

4001 NE SUGAR HILL AVE  
JENSEN BCH FL 34957

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 &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2001

5. FEI Number

65-1159448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$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	4 City / State / Zip
D	JOHNSON, LOYD C JR	4001 NE SUGAR HILL AVE	JENSEN BCH FL 34957

8. Name and Address of Current Registered Agent

JOHNSON, LOYD C JR  
4001 NE SUGAR HILL AVE  
JENSEN BCH FL 34957

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/16/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/02

SAVANNA SOFTWARE CORPORATION  
4001 NE SUGAR HILL AVENUE  
JENSEN BEACH, FLORIDA 34957

October 28, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Savanna Software Corporation  
Notice of Administrative Dissolution

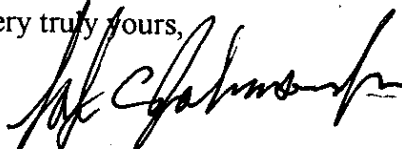
Dear Sir or Madam:

I am writing in response to your notice of Administrative Dissolution of Savanna Software Corporation. Savanna Software Corporation is a newly formed corporation which began business in November of 2001. Uniform Business Report (UBR) notices were never received by Savanna Software.

Please find attached the completed and signed application for reinstatement of Savanna Software Corporation and the \$150 filing fee. I respectfully request that any reinstatement fees be waived due to the fact that the UBR notices were never received by the corporation.

If you require further assistance, please do not hesitate to contact me.

Very truly yours,



Lloyd Johnson  
President