PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV -9 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28898

1. Corporation Name

Offutt Systems, Inc.

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
405 Pomona Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greensboro, NC	City & State
Zip: 27407 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 56-1669044 ☐ 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: CT Corporation Systems

Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

000000468554--4
-11/16/01--01085--005
****758.75 ****758.75

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 _____ Date 11/8/01
REGISTERED AGENT MUST SIGN Jennifer Aultman, Asst. Secy.

CR2E061 (9/00)

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
CEO	Robert L. Offutt	405 Pomona Drive	Greensboro, NC 27407
Pres.	Scott F. Quinn	405 Pomona Drive	Greensboro, NC 27407
Vice Pres.	Joseph K. Cundiff	405 Pomona Drive	Greensboro, NC 27407
Vice Pres.	Garland A. Wells, Jr.	405 Pomona Drive	Greensboro, NC 27407

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)(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: _____ Garland A. Wells, Jr. 11/07/01 (336)547-2723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #