FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAY -8 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

REINSTATEMENT 01-02

DOCUMENT # P93000013649

1. Corporation Name

EMAGISOFT TECHNOLOGIES, INC.

2. Principal Office Address	3. Mailing Office Address
1900 Main Street	
Suite, Apt. #, etc.: Suite 312	Suite, Apt. #, etc.:
City & State: Sarasota, Florida	City & State:
Zip: 34236 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/24/1993

5. FEI Number: 65-0422273 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Russell Haraburda

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****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 1900 Main Street

Suite, Apt. #, Etc.: Suite 312

City: Sarasota State: FL Zip Code: 34236

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: Russell Haraburda
REGISTERED AGENT MUST SIGN

Date: May 3, 2002

CR2E081 (9/01)

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/P/S/T	Russell Haraburda	1900 Main Street, Suite 312	Sarasota, Florida 34236

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: Russell Haraburda — Russell Haraburda — May 3, 2002 — 941-365-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #