

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000001360

1. Corporation Name

POWERCERV CORPORATION

Principal Place of Business

Mailing Address

~~400 NORTH ASHLEY DRIVE~~
~~SUITE 2700~~
~~TAMPA FL 33602~~

~~400 NORTH ASHLEY DRIVE~~
~~SUITE 2700~~
~~TAMPA FL 33602~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10150 Highland Manor Drive Suite 236 same

Suite, Apt. #, etc.

Tampa, FL 33610

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

59-3350778

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
CEO	FRATELLO, MARC	400 N ASHLEY DR STE 2700 820 Columbus Drive	TAMPA FL 33602 Tiera Verde, FL 33715
CFO	SIPLIN, ARIA	400 N ASHLEY DR STE 2700	TAMPA FL 33602
	McMullen, John S. DIRECTOR	371 Channelside Walk Way PH 1901	Tampa, FL 33602-6776
			400027024274 01/15/04--01023--018 **900.00

8. Name and Address of Current Registered Agent

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

Marc Fratello

REGISTERED AGENT MUST SIGN Marc Fratello

Date JAN. 8, 2004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. McMULLEN

JAN. 8, 2004 813-273-9776

Date

Daytime Phone #