


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY 10 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000076380**

1. Corporation Name

CHECKNOWLEDGY SOFTWARE CONSULTANTS, INC.

2. Principal Office Address

10100 WHIPPOORWILL LANE (SAME AS BLOCK #2)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32256

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/96

5. FEI Number

59-3406833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

08/08/01 90010 043 550.00
12/26/04 01047 025 150.00

7. Name and Address of Current Registered Agent

Name

WILLIAM E. HOPE, JR.

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

10100 WHIPPOORWILL LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

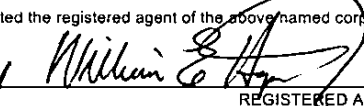
FL

Zip Code

32256

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 **02/10/05**

REGISTERED AGENT MUST SIGN

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
P	WILLIAM E. HOPE, JR.	10100 WHIPPOORWILL LANE	JAX, FL 32256
V	KENT A. KASSELMAN	1820 EVANS DRIVE SOUTH	JAX BCH, FL 32250
V	GARY BONNER	1504 COURT MEADOW	PLANO, TX 75093
V/S/T	VAL PETERSON	21393 WATERFRONT DRIVE	CHANDLER, TX 75758

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: **WILLIAM E. HOPE, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/10/05**

Daytime Phone #

CR2E081 (01/05)