PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

ANR FILED
02 MAR 25 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029520

1. Corporation Name
TAMPA NETWORK MANAGEMENT SYSTEMS, INC.

2. Principal Office Address	3. Mailing Office Address
4830 WEST KENNEDY BLVD	504 LAVACA--
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 1000
City & State	City & State
TAMPA, FL	AUSTIN, TX
Zip / Country	Zip / Country
33609 / USA	78701 / USA

4. Date Incorporated or Qualified To Do Business In Florida: APRIL 1, 1997

5. FEI Number: 59-3453588 ☐ 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: Matt W. Ryan
Street Address (P.O. Box Number is Not Acceptable): 4830 W. Kennedy Blvd.
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33609

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 _____
REGISTERED AGENT MUST SIGN

CR/E66 (8/01)

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
PRES & SEC'Y	JOHN A. McENTIRE, IV	504 Lavaca, Suite 1000	AUSTIN, TX 78701
General Counsel	VINCE MOCER	504 Lavaca, Suite 1000	AUSTIN, TX 78701

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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: _____ VINCE MOCER 3/8/02 (512)479-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10667 TALLAHASSEE, FL 32302
PH: (850) 668-4318 FX: (850) 668-3398

DATE: 03-20-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

TYPE OF FILING: corporate reinstatement

NAME: tampa network management systems, inc.

SPECIAL INSTRUCTIONS: ?????????????? – Nate

late fees should be waived!

$300.00

* Please forward to Michelle Milligan