

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035086

1. Corporation Name  
ENTERPRISE WORKFLOW SOLUTIONS, INC.

Principal Place of Business	Mailing Address
8093-D Severn Drive Boca Raton, FL 33433	8093-D Severn Drive Boca Raton, FL 33433

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

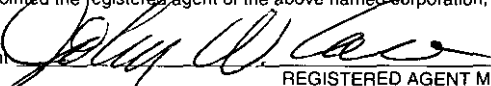
2. New Principal Office Address, If Applicable 9582 Sun Pointe Dr Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 2900 East Oakland Park Blvd Suite, Apt. #, etc. Third Floor
City & State Boynton Beach, FL 33437	City & State Ft. Lauderdale, FL
Zip 33437 Country Palm Beach	Zip 33306 Country Broward

4. Date Incorporated or Qualified to do Business in Florida	04/18/97
5. FEI Number	65-0749404
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
CEO/Pres.	Jeff Bargett	8111 Ship Street 511	Charlotte, NC 28269
Sect COO	Michael Perrott	8603 Walden Ridge Dr.	Charlotte, NC 28216
Treas	Richard Groff	9307 Gilead Hill Court	Huntersville, NC 28078
CTO	James Wright	90 SW 5th Ave #10	Boca Raton, FL 33432
V-P	John W. Case, Esq.	2900 E. Oakland Park Blvd	Ft. Lauderdale, FL 33306

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Jeffrey Bargett 8093-D Severn Drive Boca Raton, FL 33433	John W. Case, Esq. 2900 East Oakland Park Blvd. Third Floor Ft. Lauderdale FL 33306

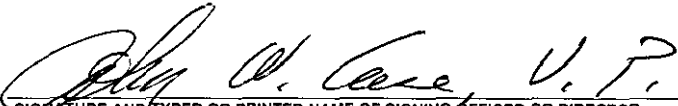
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent:  Date: 12/22/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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:  12/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/22/99 Daytime Phone #

REINSTATEMENT 98-99

FILED

99 DEC 23 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2008 (12/98)