

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Jim Smith**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

03 APR 24 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000072141

**1. Corporation Name**

HTE-VANGUARD SYSTEMS, INC.

**2. Principal Office Address**

1000 Business Center Drive

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Lake Mary, FL

**City & State**

**Zip**

32746

**Country**

Seminole

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/18/98

**5. FEI Number**

59-3532983

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

800018566758  
05/08/03--01061--019 \*\*750.00

02-03 *[Signature]*

**7. Name and Address of Current Registered Agent**

**Name**

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

**City**

Plantation

**State**

FL

**Zip Code**

33324

800018566758  
05/08/03--01061--020 \*\*150.00

**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**

*Margaret E. Routzahn*

**MARGARET E. ROUTZAHN**

**Date**

4/23/03

REGISTERED AGENT MUST SIGN

Special Assistant Secretary

**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
Director	Michael K. Muratore	600 Laurel Oak Rd.	Voorhees, NJ 08043
Director	Lawrence A. Gross	1285 Drummers Lane	Wayne, PA 19087
Director	Michael J. Ruane	1285 Drummers Lane	Wayne, PA 19087
President	Joseph M. Loughry III	1000 Business Center Drive	Lake Mary, FL 32746
V. Pres. & Treas.	Susan D. Falotico	1000 Business Center Drive	Lake Mary, FL 32746
Secretary	Leslie S. Brush	1285 Drummers Lane	Wayne, PA 19087

**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)(f), 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:**

*Michael J. Ruane*

Michael J. Ruane, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

4/21/03

610-341-8700

**Daytime Phone #**