PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000096302

1. Corporation Name

Qirra Custom Software, Inc.

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
3728 Philips Hwy		5620 Glenridge Dr., N.E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 64		ATTn: Tax Dept	
City & State		City & State	
Jacksonville, FL		Atlanta, GA	
Zip	Country	Zip	Country
32207	USA	30342	USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/98

5. FEI Number: 59-3580932 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T 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

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: Connie B. [illegible] Date: 9/23/03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
Ch/Dir	Grover L. Davis	5620 Glenridge Dr., N.E.	Atlanta, GA 30342
Pres/Dir	Larry Thomas	3728 Philips Hwy, #64	Jacksonville, FL 32207
EVP/Dir	John F. Giblin	5620 Glenridge Dr., N.E.	Atlanta, GA 30342
Sec/Dir	Peter J. Rescigno	5620 Glenridge Dr., N.E.	Atlanta, GA 30342
Treas	Joseph R. Caporaso	5620 Glenridge Dr., N.E.	Atlanta, GA 30342
Dir	Howard L. Rogers	5620 Glenridge Dr., N.E.	Atlanta, GA 30342

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: [signature] Peter J. Rescigno Secretary & Director 9/23/03 404/847-4245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/23

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

QIRRA CUSTOM SOFTWARE, INC.

Certificate of Status	0
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