


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S74985**

1. Corporation Name
INTEGRATED DEALER SYSTEMS INC.

Principal Place of Business 5275 CAPITAL BLVD RALEIGH NC 27616 US	Mailing Address 5275 CAPITAL BLVD JOHN ARMSTRONG RALEIGH NC 27616 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
00 OCT 18 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

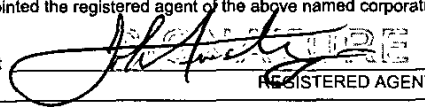

REINSTATEMENT *2000*

4. Date Incorporated or Qualified To Do Business in Florida 08/16/1991	
5. FEI Number 56-1472457	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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	4. City / State / Zip
P	MUELLER, MARK W	4901 FOX BRANCH COURT	RALEIGH NC 27614
V	ARMSTRONG, JOHN P	1005 PARK DRIVE <i>207. West Aycock St.</i>	RALEIGH NC 27605 <i>Raleigh NC 27608</i>
V	HAWKINS, STEPHEN R	100 LAKE DRIVEWAY WEST <i>31 WILLCOCKS</i>	AJAX ON <i>LIT 3L9</i>
			300003455839--6 -11/07/00--01109--008 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ARMSTRONG, JOHN P 10901 B ROOSEVELT BLVD SUITE 600 ST. PETERSBURG FL 33716	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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 	REGISTERED AGENT MUST SIGN	Date <i>Oct 16, 2000</i>
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11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Armstrong	Date <i>Oct 16, 2000</i>	Daytime Phone # <i>919-790-5442</i>
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