

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V29785**

1. Corporation Name

**POWERCERV TECHNOLOGIES CORPORATION**

Principal Place of Business

~~400 N. ASHLEY DR.~~  
~~SUITE 2700~~  
~~TAMPA FL 33602~~  
US

Mailing Address

~~400 N. ASHLEY DR.~~  
~~SUITE 2700~~  
~~TAMPA FL 33602~~  
US

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

2. New Principal Office Address, If Applicable

**10150 Highland Manor Drive**

3. New Mailing Office Address, If Applicable

**same**

Suite, Apt. #, etc.  
**Suite 236**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State

Zip

**33610**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/20/1992**

5. FEI Number

**59-3117606**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
GFO		<del>SIPLIN, ARIA</del>		<del>400 N. ASHLEY DR., SUITE 2700</del>		<del>TAMPA FL 33602</del>	
CCEO		FRATELLO, MARC		<del>400 N. ASHLEY DR., SUITE 2700</del> 820 Columbus Drive		<del>TAMPA FL 33602</del> Tiera Verde, FL 33715	
		McMullen, John S. <sup>DIRECTOR</sup>		371 Channelside Walk Way PH 1901		Tampa, FL 33602-6776	

**300027024363**  
01/15/04--01023--019 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

**Marc Fratello**

Date **JAN. 8, 2004**

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 S. McMullen**

**JAN. 8, 2004** **813-273-9776**

Date

Daytime Phone #

CR2E040 (7/03)