

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED  04 NOV 22 PM 3: 01  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> F03000004974 <b>1. Corporation Name</b>  K-VAULT SOFTWARE, INC.					
<b>2. Principal Office Address</b> 600 SIX FLAGS DRIVE Suite, Apt. #, etc. SUITE 650 City & State ARLINGTON, TX Zip Country 76011 TARRANT		<b>3. Mailing Office Address</b> 600 SIX FLAGS DRIVE Suite, Apt. #, etc. SUITE 650 City & State ARLINGTON, TX Zip Country 76011 TARRANT		<b>4. Date Incorporated or Qualified</b> To Do Business in Florida 10-06-2003 <b>5. FEI Number</b> 75-2898269 <b>Applied For</b> Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b> Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE Suite, Apt. #, Etc. City State Zip Code TALLAHASSEE FL 32301					
<b>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.</b> Signature of Registered Agent <u><i>Janita Mahoney Asst Sec.</i></u> Date <u>11-16-04</u> REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PCD	MIKE HEDGER	155 WHARFEDALE RD	WORKINGHAM, -BERKSHIRE/RG41 5RB, UK		
SD	NIGEL DUTT	155 WHARFEDALE RD	WORKINGHAM, BERKSHIRE/RG41 5RB, UK		
T	MARK ROWLINSON	155 WHARFEDALE RD	WORKINGHAM, BERKSHIRE/RG41 5RB, UK		
AS	MARY KAY ROBERTO	600 SIX FLAGS DR, STE 650	ARLINGTON, TX 76011		
		<i>DR W29</i>	500042930445 11/22/04--01065--013 **200.00 10/18/04 01064 014 \$550.00		
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>E. A. Mahoney</i></u>		<u>10/29/04</u>		<u>817 635 1800</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (01/04)