


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000000055

1. Corporation Name
Datavantage Corp.

2. Principal Office Address
30500 Bruce Ind Pkwy

3. Mailing Office Address
30500 Bruce Ind. Pkwy

City & State
Solon Ohio

City & State
Solon Ohio

Zip
44139

Country
Cuyahoga

FILED

07 OCT 11 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date incorporated or Qualified To Do Business in Florida **1/5/04**

5. FEI Number **34-1594365**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

REINSTATEMENT 07

TS 10/11/07

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.

NRAI Services, Inc.

Signature of Registered Agent by: *Theresa Festa* Date *10/10/07*

REGISTERED AGENT MUST SIGN

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
President/COO	Charles R. Napoli	30500 Bruce Ind Pkwy	Solon Ohio 44139
VP/Finance	James P Witherington	30500 Bruce Ind Pkwy	Solon Ohio 44139
Executive VP	John Gularson	7031 Columbia Gateway Drive	Columbia MD 21046
			600110942286 10/18/07--01019--013 **150.00
			600110942286 10/18/07--01019--014 **8.75

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 contained in Chapter 119, 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: *James P Witherington* Date *10/5/07* Daytime Phone # *440 498-4414*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATAvantage

a subsidiary of MICROS Systems, Inc.

October 5, 2007

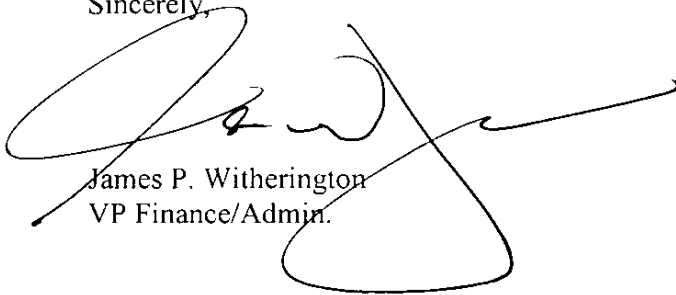
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #: F0400000055

To Whom It May Concern:

It is to the best of my knowledge Datavantage did not receive the Annual Report in the year of dissolution/revocation. On October 4th, 2007 Datavantage received a post card for Notice of Dissolution or Revocation that states that in accordance with Florida Statutes, Datavantage is hereby administratively dissolved or revoked effective September 14 2007. Enclosed is the Corporation Reinstatement form along with a check (number 083283) in the amount of \$150.00 for the Annual Report Fee and the Corporation Supplemental Fee. Please feel free to contact me with any questions or concerns at 440-498-4414 extension 405.

Sincerely,



James P. Witherington
VP Finance/Admin.

JPW/rs