

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 19 AM 10:36

DOCUMENT # L 13806

1. Corporation Name
 TERRIPAN SOFTWARE CONSULTING INC

2. Principal Office Address 6748 ENTRADA MALE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State	
Zip 33433	Country USA	Zip	Country

4. Date incorporated or Qualified To Do Business in Florida 9/1/89	
5. FEI Number 65-0151107	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: MARY RUBENSTEIN

Street Address (P.O. Box Number is Not Acceptable): 6748 ENTRADA MALE

Suite, Apt. #, Etc.:

City: BOCA RATON

State: FL Zip Code: 33433

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 ****550.00 ****950.00

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: *[Signature]* Date: 9/25/00

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
D.P.	MARY RUBENSTEIN	6748 ENTRADA MALE	BOCA RATON FL 33433

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]* NAME RUBENSTEIN Date: 9/25/00 Daytime Phone #

CR2E081 (9/99)

AD