APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT-31 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000092432

1. Corporation Name

Asset Software Corporation

REINSTATEMENT 04-06 DEC

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
1615 S. Congress Ave.		1615 S. Congress Ave.	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33445	Country USA	Zip 33445	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/29/2000

5. FEI Number 651044339 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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 C. Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 10/31/06

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
PSTD	John Marrah	1615 S. Congress Ave., Suite 200	Delray Beach, FL 33445
		100091773511 11/14/06--01073--004 **300.0	
		100091773511 11/14/06--01073--005 **150.0	

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: John Marrah, President October 23, 2006 561-454-4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ecometry
CORPORATION

October 12, 2006

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Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Asset Software Corporation document number: P00000092432

Dear Ladies and Gentlemen:

On behalf of Asset Software Corporation document number P00000092432, I hereby certify that the 2004 annual report notices were not received and therefore, request that the reinstatement fee be waived.

Sincerely,

John Marrah
President