

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 24 AM 11:26
DIVISION OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004066
1. Corporation Name
Software House International,
Inc.

100131593051
06/23/08--01048--009 **2100.00

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box #
33 Knightsbridge Rd
Piscataway NJ 08854
Suite, Apt. #, etc.

3. Mailing Office Address
33 Knightsbridge Rd
Piscataway NJ 08854
Suite, Apt. #, etc.

City & State
Piscataway NJ

Zip Country
08854 US

4. Date incorporated or Qualified
To Do Business in Florida 2001

5. FEI Number 22-3009648 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 Michael Bench

Street Address (P.O. Box Number is Not Acceptable)
11270 Warm Wind Way

Suite, Apt. #, Etc.

City Weeki Wachee State FL Zip Code 34613

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____

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 Thai Lee	33 Knightsbridge Rd	Piscataway NJ 08854
	CEO Koguan Leo	33 Knightsbridge Rd	Piscataway NJ 08854
	Controller Paul Ng	33 Knightsbridge Rd	Piscataway NJ 08854

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: X Date 6/16/08 Daytime Phone # 732-868-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Software House International

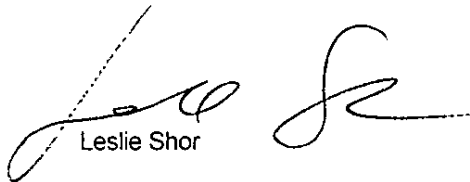
33 Knightsbridge Road
Piscataway, NJ 08854

732/868-8880
732/868-8881 Fax



Please update our mailing address as of December 2007. Also, I need you to add my name as the contact since we haven't received any invoice for our annual license filing. I just found it out since one of customers called us and told us that our Florida license has been revoked.

Thanks


Leslie Shor