

**F0500005930**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: managedreports@incorp.com

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15 FEB 23 PM 4:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MITZVAH INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

APPROVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*  
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5/02/2015

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MITZVAH INCORPORATED  
Name of Corporation

**DOCUMENT NUMBER:** F05000005930

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Stefanov  
Name of Contact Person

Incorp Services, Inc.  
Firm/Company

2360 Corporate Circle, Suite 400  
Address

Henderson, NV 89074-7722  
City/State and Zip Code

managedreports@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Stefanov for Incorp Services, Inc. at (702) 866-2500  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATE OF NEVADA

**BARBARA K. CEGAVSKE**  
*Secretary of State*



**JEFFERY LANDERFELT**  
*Deputy Secretary  
for Commercial Recordings*

OFFICE OF THE  
SECRETARY OF STATE

**Certified Copy**

February 20, 2015

**Job Number:** C20150219-1945  
**Reference Number:** 00004538267-45  
**Expedite:**  
**Through Date:**

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

<b>Document Number(s)</b>	<b>Description</b>	<b>Number of Pages</b>
20130644063-89	Miscellaneous	1 Pages/1 Copies



Respectfully,

*Barbara K. Cegavske*

**BARBARA K. CEGAVSKE**  
Secretary of State

Certified By: Heather Christensen  
Certificate Number: C20150219-1945  
You may verify this certificate  
online at <http://www.nvsos.gov/>

Commercial Recording Division  
202 N. Carson Street  
Carson City, Nevada 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138

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ROSS MILLER  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684 6708  
Website: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number <b>20130644063-89</b> Filing Date and Time <b>09/30/2013 6:03 AM</b> Entry Number <b>C975-2002</b>
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**Application for Reinstatement**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Important: form for use ONLY if old name is unavailable.**

This application authorizes the office of the Secretary of State of Nevada to reinstate:

Mitzvah Incorporated

Old Name

under the name of:

Mitzvah Software Incorporated

New Name

This application is accompanied with the initial or annual list, the designation of the registered agent, and all fees and penalties.

X   
Authorized Signature

- \* If a corporation, this application shall be signed by an officer.
- If a limited-liability partnership, this application shall be signed by a managing partner.
- If a limited-liability company, this application shall be signed by a manager or managing member.
- If a limited partnership, this application shall be signed by a general partner.

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