


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F95000001157**

1. Corporation Name

CWC SOFTWARE, INC.

Principal Place of Business

**150 GROSSMAN DR.
BRAINTREE MA 02184**

Mailing Address

**150 GROSSMAN DR.
BRAINTREE MA 02184**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1995

SP

5. FEI Number

04-3021654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BEAN, JEFFREY W	6666 E. CHENEY DR.	PARADISE VALLEY AZ 85253
V	BEAN, WILLIAM H.	21 FOSTER ST	CAMBRIDGE MA 02138
V	CHARTOFF, ROSS S	7 ROCK ST.	MIDDLEBORO MA 02346
T	CROSS, AMANDA B	1349 BAY DR.	SANIBEL FL 33957
			000003018630--8 -10/19/99--01067--009 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

William H. Bean **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **Oct. 18, 1999**

11. 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:

William H. Bean **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM H. BEAN

Date

10/13/99

Daytime Phone #

781-843-2010

FILED
99 OCT 18 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

