PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 24 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005812

1. Corporation Name

911 Software Inc.

REINSTATEMENT CR2E081 (1/07) 0807

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9023 PICOT CT		1730 S Federal HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		#389	
City & State		City & State	
Delray Beach, FL		Delray Beach, FL	
Zip	Country	Zip	Country
33437	USA	33483	USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/95

5. FEI Number: 22-3391511 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☑ 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: Sue G. Knight — Sue G. Knight as its agent — Date: 1-24-07

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
CP	Zorrik Voldman	2225 S Ocean Blvd #7	Delray Beach, FL 33483
D	Jim Min	9023 PICOT CT	Boynton Beach, FL 33437
T	Kevin Tan	6883 Paulmar Dr	Lantana, FL 33462

000086144890

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: [signature] 1/17/07 (561) 392-9606 x701

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

K. Eckel JAN 24 2007

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 718182 5087455

AUTHORIZATION :

COST LIMIT : $ 758.75

ORDER DATE : January 18, 2007

ORDER TIME : 12:07 PM

ORDER NO. : 718182-005

CUSTOMER NO: 5087455

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JAN 24 PM 12:52
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: 911 SOFTWARE INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____