

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP -4 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 99000 000 903

1. Corporation Name

ALydaar Software Corporation

2. Principal Office Address

1541 N. DALE Mabry Hwy
Suite, Apt. #, etc.

201

City & State

Lutz, FL

Zip

33548

Country

USA

3. Mailing Office Address

P.O. Box 7547

Suite, Apt. #, etc.

City & State

Albuquerque, NM

Zip

87194

Country

USA

REINSTATEMENT

02-03

800022386758

09/10/03--01006--017 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

6-15-1998

5. FEI Number

87-0399301

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

DAVID D Cowan

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

1541 N DALE Mabry Hwy - #201

Suite, Apt. #, Etc.

#201

City

Lutz

State

FL

Zip Code

33548

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

David D Cowan

REGISTERED AGENT MUST SIGN

Date 8/14/03

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
Pres	Michael Weinstein	1190 Laurel Loop NE	ALBUQUERQUE, NM, 87122
Treas	Michael Weinstein	1190 Laurel Loop NE	ALBUQUERQUE, NM, 87122
Sec	Terry Farmer	612 1st St NW	ALBUQUERQUE, NM, 87106
Dir	Esteban Aguilar	1803 Rio Grande NW	ALBUQUERQUE, NM, 87104
Dir	Robert Desiderio	1516 Stamford Dr NE	ALBUQUERQUE, NM, 87106
Dir	Michael Weinstein	1190 Laurel Loop NE	ALBUQUERQUE, NM, 87122

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Weinstein

Date

8/14/03

Daytime Phone #

(505) 250-7727


CR2E081 (10/02)

9/4

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000903

1. Entity Name
ALydaar Software Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1541 N. Dale Mabry Hwy
Suite, Apt. #, etc.
201
City & State
Lutz, FL
Zip
33548 Country
USA

3. Mailing Address
P.O. Box 7547
Suite, Apt. #, etc.
City & State
ALbuquerque, NM
Zip
87194 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0399301

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name
DAVID COWAN
Street Address (P.O. Box Number is Not Acceptable)
1541 N. Dale Mabry Hwy - # 201
City
Lutz State
FL Zip Code
33548

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Cowan DATE 2/14/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President, Director, Sec</u> <u>Michael Weinstein</u> <u>1190 Laurel Ln NE, ALBUQ, NM</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec: Terry Farmer 87122</u> <u>612 1st St NW</u> <u>ALBUQUERQUE, NM, 87106</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director - Esteban Aguilar</u> <u>1803 Rio Grande NW</u> <u>ALBUQUERQUE, NM, 87104</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director: Robert</u> <u>1516 Stanford Desiderio</u> <u>Dr NE</u> <u>ALBUQUERQUE, NM, 87122</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Weinstein Michael Weinstein (505) 250-7727

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

CR2ED34B (12/02)

71.9/4



INFORMATION ARCHITECTS

P. O. Box 7547
Albuquerque, NM 871974-7547
(505) 256-7345

August 15, 2003

Department of State
Division of Corporations
409 E. Gains Street
Tallahassee, FL 32399

RE: Alydaar Software Corporation
F99000000903

Dear Sir or Madam:

We recently learned that our corporation is in a state of revocation in Florida. Due to changes in management and moving we did not receive forms for filing our annual report and we were unaware that it would result in a revocation since we are currently on an extension of time to file our federal tax return.

Please abate the reinstatement fee, accept the enclosed reinstatement form and annual report and it's annual report fee.

If you have any questions, please call me at (505) 256-7345.

David D. Cowan, CPA
Administrative Manager

Enclosures

DDC/mbp