PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION FLORIDA DEPARTMENT OF STATE					STATE	04 APR - 1 PM 1-13				
,	STATEMEN'	(2.00 M (16, 16	1602)	ecretary of State ion of corporations	3	SEC TALL	Wer.	SSEF FLORIDA		
DOCU 1. Corporat	MENT #	F990000	005821					•		
Trusoft International Inc.						REINSTATEMENT 01-64				
			** **** 					•		
204 37th Ave. N #133 204 37				Office Address th Ave. N #133		700029841547 03/04/0401007006 **1058.75 700029841547 04/09/0401003025 **141.25				
Suite, Apt. #, etc.					₽	4. Date Incorporated of Qualified				
City & State City & State						To Do Business in Fiorida Nov 10, 1999				
St. Petersburg				St. Petersburg		600404574		Applied For Not Applicable		
33704	• • • • • • • • • • • • • • • • • • •		33704	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fe for a Certificate of				
			7. Na	rme and Address of Curr	ent Registered	l Agent				
	Name Nata	lia Poliako	va						į.	
	Street Address	P.O. Box Number	r is Not Acceptable)	111 Stirling Ro	ad					
]	Suite, Apt. #, Et	c.							1	
	^{City} Ft. Lauderdale					State Zip Code FL 33312-6525				
8. I, being	appointed the regis	stered agent of the	e above named corpora	ation, am familiar with and	accept the obli	gations of section	607.050	05 or 617.0503, F.S.	(10/02)	
Signature of Registered A		talia V	, Yoliakoi REGISTERED AGE	NT MUST SIGN	················		Date .	12/04/2003	CRZE081 (10/02)	
9. Names	and Street Addres	ses of Each Office	er and/or Director (Flor	ida nonprofit corporations	must list at leas	t 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
Р	Gregory Troussov			10602 Cape Hatteras Drive			Tampa, FL 33615			
					-					
					-					
										
this rein owed by	statement application to the corporation h	tion, the reason fo ave been paid and	r dissolution has been : d the names of individu	eliminated, the corporate n	name satisfies the ot qualify for an if made under o	ne requirements of exemption under a path.	section section	r 617, F.S. I further certify tha 607.0401 or 617.0401, F.S., 119.07(3)(i), F.S. The informa	that all fees	
SIGNAT		Fulle	Tooks	15DP C-190	21/ 10	MICCA	11	1/alamu	, j	