

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2001  
LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
UBRIS



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003386

1. Limited Liability Company's Name

ZAG SOFTWARE, LLC

2. Principal Office Address

4625 OLD WINTER GARDEN RD

3. Mailing Office Address

4625 OLD WINTER GARDEN RD

Suite, Apt. #, etc.

AS

Suite, Apt. #, etc.

AS

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32811

Country

USA

Zip

32811

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

MARCH 27, 2000

6. FEI Number

AMND

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PAUL TROCKI

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

5528 SPRING RUN AV

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32819

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Paul J. Trocki

REGISTERED AGENT MUST SIGN

Date 10/18/01

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES   | SERGIO R. HAZAN                      | 4625 OLD WINTER GARDEN RD                         | ORLANDO FL 32811   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Sergio R. Hazan

Date 10-22-01

Daytime Phone # 407 290.1343

Typed or printed name of signing Managing Member/Manager

SERGIO R. HAZAN

CR2E041 (9/01)