▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

L01000015783

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 DEC 16 AM 9:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015783

Name and Mailing Address

700009213317
11/25/02--01091--004 **155.00

0002066 01 FP 0.352 **PRSRT T7 0 0615 33140-294100

TAX SOFT INTERNATIONAL L.L.C.
4300 N. MERIDIAN AVE.
MIAMI BEACH FL 33140-2941

CR2E084 (8/02)

2. New Mailing Address
4300 N MERIDIAN AV.
City, State, Zip
MIAMI BEACH FL 33140.

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
09/14/2001

Principal Place of Business
4300 N. MERIDIAN AVE.
MIAMI BEACH FL 33140

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 65-1140376 ☐ 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	**9. Name and Address of New Registered Agent**
UMANSKY, PABLO J 4300 N. MERIDIAN AVE. MIAMI BEACH FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

10. 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 _____ Date 12/7/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
GM.	PABLO UMANSKY	4300 N MERIDIAN AV	MIAMI BEACH FL 33140.
		REINSTATEMENT 2002	

12. 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 _____ Date 12/7/02 Daytime Phone # 305-216-8315

Typed or printed name of signing Managing Member/Manager