

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000020661

02 NOV 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020661

Name and Mailing Address

0010429 01 FP 0.352 **PRST H8 0 0615 34683-265575
E. SOFT MAKETING LLC
2706 ALT. 19 N. SUITE 300
PALM HARBOR FL 34683-2655



2. New Mailing Address 2706 ALT 19 N. City, State, Zip Palm Harbor FL 34683		4. State/Country of Formation FL	
Principal Place of Business 2706 ALT. 19 N. SUITE 300 PALM HARBOR FL 34683		5. Date Organized or Qualified To Do Business in Florida 11/29/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent DENOVA, DENISE 2706 ALT. 19 N. SUITE 300 PALM HARBOR FL 34683		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name Denise DeNova	
		Street Address (P.O. Box Number is Not Acceptable) 2706 ALT 19 N.	
		City Palm Harbor FL Zip Code 34683	
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 REGISTERED AGENT MUST SIGN Date 11/10/02			
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
Managing Member	Denise DeNova	2706 ALT 19 N. Palm Harbor FL	Palm Harbor FL 34683
500009006755 11/14/02 01077-001 \$150.00			
REINSTATEMENT			
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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 11/20/02 Daytime Phone # 7276431160
Typed or printed name of signing Managing Member/Manager Denise DeNova