

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L02000007537

Name and Mailing Address

0007127 01 AT 0.292 **AUTO T7 0 0615 33166-551660



NEX SOFTWARE, LLC
5060 NORTHWEST 74TH AVENUE
MIAMI FL 33166-5516



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/29/2002	
Principal Place of Business 5060 NORTHWEST 74TH AVENUE MIAMI FL 33166	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3639106	Applied For Not Applicable
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		9. Name and Address of New Registered Agent Name ALLAN GOBIN Street Address (P.O. Box Number is Not Acceptable) 5060 NW 74 AVE. City MIAMI FL Zip Code 33166	
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 <u>SIGNATURE REQUIRED</u> Date 11/01/03 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
MGRM	GOBIN, ALLAN	5060 NORTHWEST 74TH AVENUE	MIAMI FL 33166
MGRM	SIMM, RICHARD	5060 NORTHWEST 74TH AVENUE	MIAMI FL 33166
MGRM	PENA, ALFRED	5060 NORTHWEST 74TH AVENUE	MIAMI FL 33166
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 11/1/03 Daytime Phone # 866-253-0059	
Typed or printed name of signing Managing Member/Manager		200024568772 11/10/03 01086-012 **150.00	