

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **602000015094**

1. Limited Liability Company's Name

STORSOFT TECHNOLOGY Limited Co.

2. Principal Office Address

2120 BAHIA LANE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33327

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL / United States

**5. Date Organized or Qualified
To Do Business in Florida**

July 2002

6. FEI Number

02 058 0539

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALBERT WAYNE GILL

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

200 CONGRESS PARK DRIVE

Suite, Apt. #, Etc.

210

City

Delray Beach

State

FL

Zip Code

33445

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

REGISTERED AGENT MUST SIGN

Date

10-23-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	JONATHAN EVANS	2120 Bahia Lane	Fort Lauderdale FL 33322

REINSTATEMENT

03-05-03
dec

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

Date

10/16/2003

Daytime Phone #

954 6593081

Typed or printed name of signing Managing Member/Manager

Jonathan Evans

CR2E041 (10/02)