


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # L23000359589 1. Limited Liability Company's Name SOFT COMPUTO LLC																																			
2. Principal Office Address - No P.O. Box # 8200 NW 41 ST, #200 DORAL, FL 331		3. Mailing Office Address 8200 NW 41 ST, #200 DORAL, FL 331																																	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200																																	
City & State Doral/Florida		City & State Doral/Florida																																	
Zip 33166	Country USA	Zip 33166	Country USA																																
8. Name and Address of Current Registered Agent Name Northwest Registered Agent LLC Street Address (P.O. Box Number is Not Acceptable) Suite, 7901 4th St N STE 300, St. Petersburg Apt. #, Etc. City St. Petersburg State FL Zip Code 33702																																			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>Taylor Newman</u> Taylor Newman Assistant Secretary Date 11/19/2024																																			
10. Names and Street Addresses of Authorized Representatives/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Authorized Representatives/Managers</th><th>Street Address of Each Authorized Representative/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MR</td><td>EDWIN QUINTANA SALGUEDO</td><td>8200 NW 41 ST, #200</td><td>Doral/Florida/33166</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td>NOV 22 2024</td></tr><tr><td> </td><td> </td><td> </td><td>M. WILLIAMS</td></tr></tbody></table>				Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MR	EDWIN QUINTANA SALGUEDO	8200 NW 41 ST, #200	Doral/Florida/33166																				NOV 22 2024				M. WILLIAMS
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			NOV 22 2024																																
			M. WILLIAMS																																
11. E-mail Address: gerencia@softcomputo.com.co (To be used for future annual report notifications)																																			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. Signature of authorized representative/member <u>Edwin Quintana Salguedo</u> Date 11/19/2024 Daytime Phone # +1 307 217 8032 Typed or printed name of signing authorized representative/member Edwin Quintana Salguedo, Authorized Member.																																			

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STATE
ASSEC, FL

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CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a certificate of status

REINSTATEMENT

2024