PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 NOV -4 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33303

1. Corporation Name

CYTEK SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
~~8900 SW 107TH AVE~~ ~~SUITE 207~~ MIAMI FL 33176	~~8900 SW 107TH AVE~~ ~~SUITE 207~~ MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
9555 N. Kendall Drive	9555 N. Kendall Drive
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country:	Zip: 33176 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/1989

5. FEI Number: 65-0168037 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOORE, LIDIA	8900 SW 107 AVE, #207	MIAMI FL
D	MOORE, GREGG	8900 SW 107 AVE, #207	MIAMI FL
			600002000106--5 -11/08/96--01029--002 ****375.00 ****375.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

MOORE, LIDIA CALDERIN
8900 SW 107 AVE.
SUITE 207
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name: Gregg Moore
Street Address (P.O. Box Number is Not Acceptable): 9555 N. Kendall Drive
Suite, Apt. #, Etc.: Suite 210
City: Miami State: FL Zip Code: 33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 9/30/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE REQUIRED 9/30/96 274-1827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)