

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L57632

1. Corporation Name

TAILORED SOFTWARE, INC.

Principal Place of Business

Mailing Address

15323 SW 111TH ST.  
MIAMI FL 33196  
US

15323 SW 111TH ST.  
MIAMI FL 33196  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0180972

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	OBREGON, JAIME E.	15323 SW 111TH ST.	MIAMI FL
			900003496649--0 -12/12/00--01032--010 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OBREGON, JAIME E  
15323 SW 111TH ST.  
SUITE 206  
MIAMI FL 33196

Name

JAIME E. OBREGON

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

100 BAYVIEW DR.

Suite, Apt. #, Etc.

PH 19

City

MIAMI

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

11/16/2000

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/2000

305.812 7208

②

**TAILORED SOFTWARE, INC.**

100 BAYVIEW DR. # PH 19  
MIAMI FL 33160

**Florida Department of State  
Division of Corporations**

**To Whom It May Concern:**

**Due to a change of address the papers to renew the Florida License of  
Tailored Software, Inc. L57632 did not get to me until you send it to the  
new address.**

**Even business have been very slow this year I want to keep the  
corporation open but I can only afford the regular fee of \$150.**

**Attached please find the check for this fee.**

**Please let me know if this is acceptable,**

**Thanks for your cooperation,**

  
**Jaime E. Obregon  
President**