

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 21 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000006558**

1. Limited Liability Company's Name

AS SOFT SOLUTION PROVIDER, L.L.C.

04

BK

CR2E041 (8/05)

2. Principal Office Address

5804 NW 15TH ST

3. Mailing Office Address

5804 NW 15TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

US

Zip

33063

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/04/99

6. FEI Number

65-0953895

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

HERNAN ACOSTA

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

5804 NW 15TH ST

Suite, Apt. #, Etc.

700080312407

09/29/06 01063 010 \*\*150.10

City

MARGATE

State

FL

Zip Code

33063

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 9/20/06

**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
MGRM	HERNAN ACOSTA	5804 NW 15TH ST	MARGATE FL 33063

REINSTATEMENT 2004-2006

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 9/20/06

Daytime Phone # 954-682-7792

Typed or printed name of signing Managing Member/Manager

# L99000006558

As Soft Solution Provider LLC  
5804 NW 15<sup>th</sup> Street  
Margate FL 33063

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September 20, 2006

Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

Re: L99000006558

BK

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

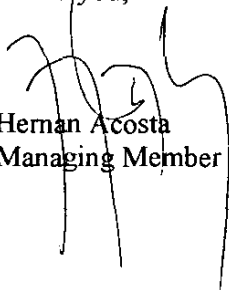
It has just come to my attention that my company has been dissolved for not filing its annual reports since 2004.

My mailing address had changed and I never received my renewal documents. As such, I would like to request an abatement of any penalties associated with the reinstatement of my company.

Enclosed I have provided a blank report that I have filled out, along with a check for \$150.00 to cover the filing fees for the past three years.

Please reinstate my company and update my information accordingly.

Thank you,

  
Hernan Acosta  
Managing Member