

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Matthew J. Ferris
Secretary of State
DIVISION OF CORPORATIONS

10/2
FILED

00 OCT 30 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000942

1. Corporation Name

SOFTSOLV CORPORATION

Principal Place of Business

Mailing Address

6409 N BLOSSOM AVE
TAMPA FL 33614

6409 N BLOSSOM AVE
TAMPA FL 33614

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 12/27/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3636845	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Jorge Blanco	6409 N Blossom Ave	TAMPA FL 33614
			200003469482--E -11/20/00--01011--003 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLANCO, JORGE
6409 N BLOSSOM AVE
TAMPA FL 33614

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10-24-00

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: Jorge Blanco 10-24-00 813-636-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

2082

This was the first notice I received. As instructed in our phone conversation I am including this letter and a Check for \$150.00

Thanks
Jorge Blanco