

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1.2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 25 PM 2:48

DOCUMENT # P00000013122

1. Corporation Name

SOFT-TECH SERVICES INC.

Principal Place of Business

Mailing Address

8608 TANGLEVINE LANE. #108
TAMPA FL 33614

8608 TANGLEVINE LANE. #108
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

02/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

Not Applicable

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
1	2	3	4
D	REDDY, KAPULURU R	8608 TANGLEVINE LANE, #108 13014 N. Dale Mabry Hwy Suite 254	TAMPA FL 33614 Tampa FL 33618

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REDDY, KAPULURU
4803 CYPRESS RIDGE PL.
TAMPA FL 33624

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

Kapulu R Reddy
REGISTERED AGENT MUST SIGN

Date 10/21/01

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:

Kapulu R Reddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/01

CR2ED40 (8/01)

Soft-Tech Services Inc.

13014 N. Dale Mabry Hwy., Suite #254
Tampa, FL 33618

Phone: 813-340-0090
reddy_kr@hotmail.com

October 21, 2001

Division of Corporations
Annual Report / Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I have not received your earlier mailings with regard to the 2001 Annual Report filing, as I have moved my office earlier in the year. Also, this is my first year in business as an "S" corporation and as such, I am not fully familiar with all the state filing requirements and dates. Therefore, I missed my filing deadline.

I request that you please waive the penalty for this one time. I have enclosed the reinstatement application and the fee of \$150.00 and additional \$8.75 for the certificate. I appreciate your help.

Thank you.

Sincerely,


Kapuluru Reddy