

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024396

1. Corporation Name

ASTERISCO SOFTWARE INC.

Principal Place of Business

1813 SW 31ST AVENUE
PEMBROKE PARK FL 33009

Mailing Address

1813 SW 31ST AVENUE
PEMBROKE PARK FL 33009

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2000

5. FEI Number

65-0994918

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KRITZLER, NICOLAS	TORRE CAPRILES FOURTH FLOOR OFFI	CARACAS, VENEZUELA
D	CERCEAU, FENANDO	TORRE CAPRILES FOURTH FLOOR OFFI	CARACAS, VENEZUELA
			100004703601--6
			-12/04/01--01029--003
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

DANIEL BENGIO, CPA

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

2525 N STATE Rd. 7

Suite, Apt. #, Etc.

115

City

HOLLYWOOD

State

FL

Zip Code

33021

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]
REGISTERED AGENT MUST SIGN

Date

11/2/01

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/01

Daytime Phone #

CR2E040 (8/01)

202

ASTERISCO SOFTWARE, INC.

*1813 SW 31st Avenue
Pembroke Park, FL 33009*

November 1, 2001

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a copy of the 2001 Uniform Business Report as well as a check in the amount of \$150.00.

My partner and I are foreign nationals living abroad, and as such we do not receive the corporate mail on a regular basis. We relied on the registered agent to alert us of the necessary filings. They failed to give us any notice of the first missed deadline, the second or eventually the dissolution.

We have indicated on the UBR a change of Registered Agent to our accountant – Mr. Daniel Bengio, CPA. Mr. Bengio is empowered to make payments and sign these documents on our behalf so that in the future all regulatory reports will be filed timely.

We therefore respectfully request that you abate the pertaining penalties and accept our current payment for reinstatement of the corporation.

Should you need to respond to this letter, please do so at the above address and/or to our accountants:

Hoffman, Levy, Bengio & Cohen, PL
2525 N. State Rd. 7, Suite 115
Hollywood, FL 33021.

Sincerely,



Nicolas Kritzler
Director