PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:39

DOCUMENT # *P00000050179*

1. Corporation Name
Upsoft, Inc.

2. Principal Office Address
4608 Westford Circle

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip
33624

Country

3. Mailing Office Address
4608 Westford Circle

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip
33624

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 5-22-2000

5. FEI Number 59-3691581   Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Sam Halaby

Street Address (P.O. Box Number is Not Acceptable)
4608 Westford Circle

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33624

400004677584--3
-11/14/01--01001--019
****750.00   ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 10/30/01

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPTS	Sam Halaby	4608 Westford Circle	Tampa FL 33624

10. 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: _____ Sam Halaby 813-968-2894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #