CORPORATION REINSTATEMENT

01-02 UB

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

FILED

02 JAN 22 AM 8: 13

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT #   P00000066698

01-02 UB R

1. Corporation Name

INGENIUMSOFT, INC.

2. Principal Office Address

2901 W. BUSCH BLVD

Suite, Apt. #, etc.

STE 1007

City & State

TAMPA, FL

Zip	Country
33618	USA

3. Mailing Office Address

2901 W. BUSCH BLVD.

Suite, Apt. #, etc.

STE 1007

City & State

TAMPA, FL

Zip	Country
33618	USA

4. Date Incorporated or Qualified To Do Business in Florida 7/12/2000

5. FEI Number   65-1022825

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

ERICK RIVERA

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

18002 RICHMOND PLACE DRIVE

Suite, Apt. #, Etc.

817

City

TAMPA

State	Zip Code
FL	33647

100004853571----9
02/01/02--01053--030
****300.00 ****300.00

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 01/18/2002

CR2E081 (9/01)

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
PSD	ERICK RIVERA	18002 RICHMOND PLACE DR. # 817	TAMPA, FL 33647
D	KARL ROTTMANN	18002 RICHMOND PLACE DR. # 817	TAMPA, FL 33647

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: _____   ERICK RIVERA   01/18/2002   813-866-5579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #