

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

08 FEB 28 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NY 3-3-08

800118060908

02/14/08--01039--002 \*\*150.00

REINSTATEMENT 06-06

4. Date Incorporated or Qualified To Do Business in Florida 10/9/00

5. FEI Number 42-1550523 ☐ Applied For ☐ Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000095648

1. Corporation Name

21st Century Software Solutions Inc

2. Principal Office Address - No P.O. Box #

9622 CYPRESS PINE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 593774

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Orlando

Zip

32827

Country

USA

Zip

Florida

Country

USA

7. Name and Address of Current Registered Agent

Name

CLIVE KINSELLA

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

9622 CYPRESS PINE STREET

Suite, Apt. #, Etc.

City

ORLANDO FL

State

FL

Zip Code

32827

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

*Clive Kinsella*

REGISTERED AGENT MUST SIGN

Date 1/21/08

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
P	Roy Figg	PO Box 593774	Orlando FL 32859

800119552368  
03/06/08--01019--019 \*\*300.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08

Date

407 316 5379

Daytime Phone #