

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000105534

1. Corporation Name  
INCOLSOFTWARE, INC.

Principal Place of Business  
14440 SOUTHWEST 144TH PLACE CIRCLE  
MIAMI FL 33186

Mailing Address  
14440 SOUTHWEST 144TH PLACE CIRCLE  
MIAMI FL 33186

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 30 PM 12:52



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 11/13/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1053917	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 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
PSTD	PULIDO, HERNAN J	14440 SOUTHWEST 144TH PLACE CIRC	MIAMI FL 33186

300004719123--1  
-12/11/01--01074--009  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		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 *[Signature]* Date *Oct 17/01*

REGISTERED AGENT MUST SIGN

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]* *Hernan J. Pulido* *Nov 24/01*

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

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October 17, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Document#P00000105534  
Corp: Name Incolsoftware, Inc.

To Whom It May Concern:

In regards to the Application for Reinstatement received, please be informed that this is the first time we have received any notice regarding the annual report.

In the past we had not received any notices or reminders of such reports to be filed, but never the less, attached you will find the application with the fee of \$150.00 to be taking in consideration for the reinstatement of our corporation.

Taking you for your time and consideration.

  
Hernan J. Pulido  
Incolsoftware, Inc.