

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108114

1. Corporation Name

SOFTWARE INDUSTRIES, INCORPORATED

REINSTATEMENT 03

Principal Place of Business

2233 PARK AVE., STE. 204
ORANGE PARK FL 32073

Mailing Address

2233 PARK AVE., STE. 204
ORANGE PARK FL 32073



600023958166
10/21/03--01010--004 **750.00

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

2. New Principal Office Address, If Applicable

2233 Park Ave

Suite, Apt. #, etc.

Ste 104

City & State

Orange Park, FL

Zip

32073

Country

Clay

3. New Mailing Office Address, If Applicable

2233 Park Ave

Suite, Apt. #, etc.

Ste 104

City & State

Orange Park, FL

Zip

32073

Country

Clay

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FEI Number

59-3721324

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STOVER, FRED	211 COKESBURY CT.	GREEN COVE SPRINGS FL 32043
D	STOVER, LINDA	211 COKESBURY CT.	GREEN COVE SPRINGS FL 32043
D	STOVER, ERIC	211 COKESBURY CT.	GREEN COVE SPRINGS FL 32043
D	Stover, Fred	2643 S. Ponte Vedra Blvd	Ponte Vedra Bch 32082
D	Stover, Linda	2643 S. Ponte Vedra Blvd	Ponte Vedra Bch 32082
D	Stover, Eric	2643 S. Ponte Vedra Blvd	Ponte Vedra Bch 32082

8. Name and Address of Current Registered Agent

STOVER, FRED

2233 PARK AVE., STE. 204

ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

32073

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-15-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-02

Date

Daytime Phone #

CR2E040 (7/03)