

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002679

1. Corporation Name.

SOFTWARE OUTLETS. Com, Inc.

2. Principal Office Address

5240 Babcock St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Zip

32905

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/2001

5. FEI Number

52-2287148

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

JEFFREY WASZKIEWICZ

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

5240 Babcock Street

Suite, Apt. #, Etc.

Suite 309

City

Palm Bay

State
FL

Zip Code
32905

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/02

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.S. T.D.	JEFFREY WASZKIEWICZ	653 Seven Gables Cir.	Palm Bay, FL 32909

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF WASZKIEWICZ

10/22/02 321-722-0144

Date

Daytime Phone #

CR2E081 (9/01)

11/5/02