
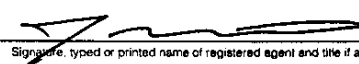
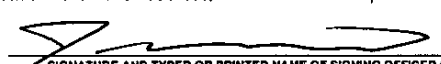


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000002679 1. Entity Name SOFTWARE OUTLETS.COM, INC.					
Principal Place of Business 5240 BABCOCK STREET SUITE 309 PALM BAY, FL 32905				Mailing Address 5240 BABCOCK STREET SUITE 309 PALM BAY, FL 32905	
2. Principal Place of Business 1485 Operetta Ave SE		3. Mailing Address P.O. Box 110127			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State Palm Bay, FL		City & State Palm Bay, FL		4. FEI Number 52-2287148	
Zip 32909		Country Brevard		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASZKIEWICZ, JEFFREY 5240 BABCOCK STREET SUITE 309 PALM BAY, FL 32905				7. Name and Address of New Registered Agent Name: Wasz Kiewicz, Jeffrey Street Address (P.O. Box Number is Not Acceptable): 1485 Operetta Ave. SE City: Palm Bay FL Zip Code: 32909	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  9/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$300.00 After January 1, 2006, Fee will be \$300.00 </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WASZKIEWICZ, JEFFREY 5240 BABCOCK STREET PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Wasz Kiewicz, Jeffrey 1485 Operetta Ave SE Palm Bay, FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200060126192 10/03/05--01005--002 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200060126192 10/03/05--01005--003 **8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  9/23/05 800-738-4741 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

05 SEP 27 AM 10:06

REINSTATEMENT TALLAHASSEE, FLORIDA 04-05



SEP 28 2005

09222005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

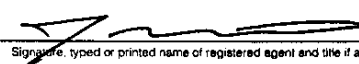
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: Wasz Kiewicz, Jeffrey
Street Address (P.O. Box Number is Not Acceptable):

1485 Operetta Ave. SE
City: Palm Bay FL Zip Code: 32909

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

(NOTE: Registered Agent signature required when reinstating)

9/23/05

FILE NOW!!! FEE IS \$300.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
WASZKIEWICZ, JEFFREY
5240 BABCOCK STREET
PALM BAY, FL 32905

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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STREET ADDRESS
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CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
Wasz Kiewicz, Jeffrey
1485 Operetta Ave SE
Palm Bay, FL 32909

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200060126192
10/03/05--01005--002 **300.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200060126192
10/03/05--01005--003 **8.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/05

800-738-4741

Date

Daytime Phone #