

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04, 2006 8:00 A.M.
Secretary of State

DOCUMENT # PO1000009041

1. Corporation Name

SOFTWARE GLOBAL, INC.

2. Principal Office Address

1334 PRESERVATION WAY

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

FL 34677

Country

USA

3. Mailing Office Address

1334 PRESERVATION WAY

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/24/2001

5. FEI Number

311778391

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

KRISHAN BAHL, B.A. PH.D

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

1334 PRESERVATION WAY

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

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

Aug 2, 2006

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
PRESIDENT MR. (OT)	KRISHAN BAHL, B.A. PH.D	1334 PRESERVATION WAY	OLDSMAR, FL. 34677
			200078775972 08/16/06--01048--010 **458.75
MR.	KHURANA, NARINDER	28 HARBER LK OR	SAFETY HARBOR FL. 34695

REINSTATEMENT

04-06

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 2, 2006

Date

727-515-5991

Daytime Phone #

[Signature]

DATE: August 2nd, 2006

From
BAL KRISHAN BAHU
(DR. KRIS BAHU)
1334 PRESERVATION WAY
OLDSMAR, FL. 34677

To

Ms. Marquitta William
Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Madam:

I have been the victim of several hurricanes over the past several years, the business has been literally dead. I sent \$150.00 during 2003, then hurricane Charlie came and you name it just lost the touch, did not get any renewal in the mail.

As per our discussion, I am enclosing the amount of \$450.00 (\$150 for 2004, \$150 for 2005 and \$150 for 2006) as per your requirement and advice. Please reinstate. Also enclosing \$8.75 additional for Certification of Status.

Thanks for your sympathy and understanding!

Respectfully Yours,

Dr. Krishan Bahu