

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -9 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802-4311

1. Corporation Name

Softec Online, Inc.

2. Principal Office Address

3607 Nighthawk Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

3. Mailing Office Address

3607 Nighthawk Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

REINSTATEMENT 03-04

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

February 2002

5. FEI Number

01-0575503

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Jeanine Reynolds

Date

1-9-04

REGISTERED AGENT MUST SIGN

as its agent

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
D	Brier, John J Jr.	3607 Nighthawk Lane	Pensacola FL 32506
D	Moulton, Steven	79 Brahm Hall Street	Portland ME 04104
D	Dawe, Wade	2000 Barrington St., Suite 1000	Halifax NS B3J3K
V	LaVallee, Ronald	50 W. Oro Viejo Dri #87	Queen Valley, AZ 85218

700026648897

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2004

Date

520 463 0068

Daytime Phone #

CR2E081 (10/02)