

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **802000008813**

**1. Corporation Name**

SOFTMARK INTERNATIONAL, INC.

2160 SW 14TH COURT  
2160 SW 14TH COURT

**2. Principal Office Address**

2160 SW 14TH COURT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

Zip

33312

Country

USA

**3. Mailing Office Address**

2160 SW 14TH COURT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

Zip

33312

Country

USA

REINSTATEMENT

FILED

04 NOV -4 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-04

JR

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

**5. FEI Number**

☒ 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

GRETA LAVINI

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

2160 SW 14TH COURT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

**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

*Greta Lavini*

Date **11-03-04**

REGISTERED AGENT MUST SIGN

**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	GRETA LAVINI	2160 SW 14TH COURT	FT. LAUD, FLORIDA 33312
VP	CESAR LAVINI	2160 SW 14TH COURT	FT. LAUD, FLORIDA 33312

11/03/04 01058-001 \*\*150.00

10/22/04 01035 003150.0

**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:

*Greta Lavini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/04 (954) 327-9150

CR2E081 (01/04)

Pg 2 of 2

FORT LAUD, NOVEMBER 3<sup>RD</sup> 2004.

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

REF. SOFTMARK REINSTATEMENT  
P02000008813

DEAR SIRs:

THIS LETTER HAS THE PURPOSE TO REQUEST FROM YOU, TO PLEASE  
MAKE POSSIBLE THE REINSTATEMENT OF OUR CORPORATION. WE WERE  
NOT ABLE TO FILE A THE APPROPRIATE TIME BECAUSE WE NEVER GOT THE  
FORMS.

IF I CAN BE OF FURTHER HELP, PLEASE FEEL FREE TO CONTACT ME AT  
YOUR CONVINIENCE.

SINCERELY,

  
GRETA LAVINI