

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000111667

1. Corporation Name

SOFTWARE DEVELOPMENT TECHNOLOGIES, INC.

REINSTATEMENT 03-04

2. Principal Office Address

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 430

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 430

City & State

Miami, Florida

Zip

33131

Country

USA

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

5. FEI Number

20-0855660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000030710160
03/18/04--01022--023 **900.00

7. Name and Address of Current Registered Agent

Name

Arvesu & Associates, PLLC

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

201 Alhambra Circle, Suite 502

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 3/16/04

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	David A. Schwedel	1110 Brickell Avenue, Suite 430	Miami, Florida 33131
VP	Daniel F. Gallagher	1110 Brickell Avenue, Suite 430	Miami, Florida 33131
D	Dale Schwieger	1110 Brickell Avenue, Suite 430	Miami, Florida 33131

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04

CR2E081 (01/04)