

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000133728

1. Corporation Name

ENEYSOFT, INC.

Principal Place of Business

Mailing Address

317 PALM STREET
HOLLYWOOD FL 33019

317 PALM STREET
HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/2002

5. FEI Number

51-043 9021

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ENEY, DOUGLAS F	317 PALM STREET	HOLLYWOOD FL 33019

300024100143
10/27/03-01004-021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENEY, DOUGLAS F
317 PALM STREET
HOLLYWOOD FL 33019

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/2003

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

923-3639
10/14/2003

CR2040 (7/03)

Eneysoft

The satellite software solution provider

October 21, 2003

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Eneysoft, Inc. #P02000133726

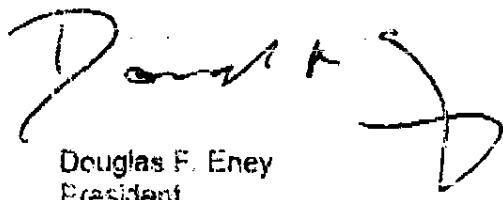
Per a telephone conversation with Tyron Scott, Examiner on 10/21/03.

Eneysoft, Inc. respectfully requests a waiver of Florida's Corporate Reinstatement Fee. We did not receive the prior notices for payment of the annual report fee for the year 2003.

Eneysoft, Inc was incorporated in December of 2002 and we had no knowledge that a fee was to be paid soon after the first fee was paid. Obviously, if we did receive a notice we would have paid it.

We thank you and per our telephone conversation, enclosed is a check for the original fee of \$150, without the penalty.

If any questions please call 954.923.3639. Thank you.



Douglas F. Eney
President

317 Palm Street
Hollywood, Florida 33019-4505
(954) 923-3639