

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY 15 PM 3:26

RECEIVED  
TAMPA, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000099910

**1. Corporation Name**

NovaTek Software, Inc.

**2. Principal Office Address**

16412 Ashwood Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

**3. Mailing Office Address**

3837 Northdale Blvd.

Suite, Apt. #, etc.

Suite 292

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

**REINSTATEMENT**

CR2E081 (12/05)

05-06

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

7-2-04

**5. FEI Number**

20-1319884

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

Bruce Neuman

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

16412 Ashwood Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

400075222914  
05/25/06--01012--015 \*\*300.00

**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

4-13-04

**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
DP	Bruce Neuman	16412 Ashwood Dr.	Tampa, FL 33624
POST	Jo Neuman	16412 Ashwood Dr.	Tampa, FL 33624

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

Date

813-968-7195

Daytime Phone #

B. Mitchell

MAV



20f2

April 13, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: P04000099910  
NovaTek Software, Inc.

To Whom It May Concern:

Please be advised that we did not receive a postcard concerning last year's annual report, nor have we received one for this year's report. We also never received any documentation advising of the involuntary dissolution. In fact, had another business owner not mentioned something about this, we would not even know that the report for 2006 was due. As such, we are respectfully requesting that the reinstatement fees be waived.

Enclosed is the reinstatement form and a check for \$150.00 for the Annual Report and Corporate Supplemental Fees for 2005.

I also need to file the 2006 Annual Report; however, without the document number that is supposed to be on the postcard I never received, I cannot print the document from the website. Please contact me to let me know how I am supposed to do this. Obviously, as the deadline is May 1<sup>st</sup>, time is of the essence.

Thank you, in advance, for your assistance in this matter.

Sincerely,

Jo Neuman  
Vice President