


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000109132 1. Entity Name PASS SOFTWARE, INC						FILED 06 NOV 17 2006 TALLAHASSEE, FL	
Principal Place of Business 26 SE 3RD TERRACE SUITE 2 DANIA BEACH, FL 33004 US				Mailing Address 26 SE 3RD TERRACE SUITE 2 DANIA BEACH, FL 33004 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Richard B. Pratt</i></u> 11/14/2006 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 </div> <div> 200081895142 11/17/06--01010--017 **758.75 </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, RICHARD B JR. 26 SE 3RD TERRACE, SUITE 2 DANIA BEACH, FL 33004 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Richard B. Pratt</i></u> 11/14/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							