

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

700174684907
04/06/10--01035--012 **900.00
CR2E081 (11/09)

DOCUMENT # P04000129065

1. Corporation Name

ENTRISOFT, INC.

2. Principal Office Address - No P.O. Box #

101 NOTTING HILL DR

Suite, Apt. #, etc

City & State

DAYTONA BEACH, FL

Zip

32117

Country

U.S.A.

3. Mailing Office Address

1500 BEVILLE RD

Suite, Apt. #, etc.

SUITE 606-209

City & State

DAYTONA BEACH, FL

Zip

32114-5644

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER-10-2004

5. FEI Number

20-1601630

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

DAVID PENN

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

101 NOTTING HILL DR

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32117

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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	DAVID W PENN	101 NOTTING HILL DR	DAYTONA BEACH, FL 32117

Handwritten signature/initials

10. E-mail Address: DAVIDP@ENTRISOFT.COM

(To be used for future annual report notification)

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, I further certify, 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]* DAVID W PENN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/10 352-274-1662
Date Daytime Phone #

Per email correspondence with David Penn on 4-10-2010