

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 NOV -3 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000050042

1. Corporation Name

AESIR SOFTWARE, INC

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

2450 TIM GAMBLE PLACE

Suite, Apt. #, etc.

250

City & State

TALLAHASSEE FL

Zip

32308

Country

LEON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/06

5. FEI Number

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

ROBERT STONE

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

2450 TIM GAMBLE PLACE

Suite, Apt. #, Etc.

250

City

TALLAHASSEE

State

FL

Zip Code

32308

300278771483
11/03/15--01001--025 **1950.00

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

[Signature]

Date 11/3/15

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	ROBERT F. STONE	2450 TIM GAMBLE PLACE #250	TALLAHASSEE FL 32308

REINSTATEMENT 07-15

NOV -3 2015

L. SELLERS

10. E-mail Address: RSTONE@AESIRCONSULTING.NET

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/15

Daytime Phone #

2012

I ROBERT F. STONE OWNER OF AESIR SOFTWARE INC
HAVE NO INTENTION OF REINSTATING DOCUMENT NUMBER
D14000005213.



11/3/15