

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 APR 19 PM 10:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000050042

1. Corporation Name

AESIR SOFTWARE, INC.

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

2450 TIM GAMBLE PLACE

3. Mailing Office Address

2450 TIM GAMBLE PLACE

Suite, Apt. #, etc.

# 250

Suite, Apt. #, etc.

# 250

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32308

Country

LEON

Zip

32308

Country

LEON

CR2E061 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

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 STONER

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

2450 TIM GAMBLE PLACE

Suite, Apt. #, Etc.

# 250

City

TALLAHASSEE

State

FL

Zip Code

32308

100312287511

04/19/18--01003--015 \*\*1050.00

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

4/19/18

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 STONER	2450 TIM GAMBLE PLACE	TALLAHASSEE FL 32308

10. E-mail Address:

RSTONER@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 that 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]*

Date

4/19/18

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RE 4/19/18