

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 27 AM 9:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018341**

1. Corporation Name

NEXSOFT, INC.

Principal Place of Business

Mailing Address

26 W DRY CREEK CIR
 STE 410
 LITTLETON CO 80120
 US

~~26 W DRY CREEK CIR~~
~~STE 410~~
~~LITTLETON CO 80120~~
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3168948

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

~~600 TRAVES~~
~~STE 7050~~
~~HOUSTON, TX~~
~~77002~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PEDERSON, DAVID L THOMAS J. DEPPING	3278 W. OAK LEAF PL 600 TRAVES, SUITE 7050	HIGHLANDS RANCH CO 80126 HOUSTON, TX 77002
VD S	MOORE, WILLIAM A SANDY B. Ho	2440 GARLAND LANE NORTH 600 TRAVES, SUITE 7050	PLYMOUTH MN 55447 HOUSTON, TX 77002
VD	HARRISON, GEOFFREY	3115 HOLLY LANE NORTH	PLYMOUTH MN 55447
			600003007610 -01/04/00--01066--021 ****750.00 ****750.00

REINSTATEMENT 99
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRISON, SIMONE
 665 BAYSIDE DRIVE
 TARPON SPRINGS FL 34689

Name
CT CORPORATION SYSTEM
 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 Suite, Apt. #, Etc.

City **PLANTATION** State **FL** Zip Code **33324**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Kirk Hood

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN Asst. Secretary

Date

12/15/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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

SIGNATURE REQUIRED
SECRETARY

12/15/99

Date

(713)332-0088

Daytime Phone #