

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

26 W DRY CREEK CIR  
STE 410  
LITTLETON CO 80120  
US

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/1993

5. FEI Number

59-3168948

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	<del>PEDERSON, DAVID L</del> THOMAS J. DEPPING	3278 W. OAK LEAF PL 600 TRAVES, SUITE 7050	HIGHLANDS RANCH CO 80126 HOUSTON, TX 77002
<del>VD</del> S	<del>MOORE, WILLIAM A</del> SANDY B. Ho	2440 GARLAND LANE NORTH 600 TRAVES, SUITE 7050	PLYMOUTH MN 55447 HOUSTON, TX 77002
<del>VD</del>	<del>HARRISON, GEOFFREY</del>	3115 HOLLY LANE NORTH	PLYMOUTH MN 55447
			600003007610-7 -01/04/00--01066--021 ****750.00 ****750.00
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

HARRISON, SIMONE  
665 BAYSIDE DRIVE  
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

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

SECRETARY

Date

12/15/99

Daytime Phone #

(713)332-0088