			· · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
PLEASE READ	ALL INST	TRUCTIONS	BEFORE (COMPLETING THIS	FORM.
APPLICATION	FLORID	A DEPARTME	NT OF STATE		and a second of a second of a second s
FOR	à	Sandra B. Mortham		0.	E.
REINSTATEMENT	Secretary of S			38	AND KAN
REINSTATEMENT	DIVISION OF CORPORATIONS		SED.	NOV 13 PH 12: 32	
DOCUMENT # 293000049	999		يوعيت بالجريات	ALLAN	Pur Pu.
1 Corporation Name SOFTWARE				71/2	SPACK R. 3
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PEINST	ATEM	ENTIGO	14-0R		CORDA
Principal Place of Business	Mailing	Address			1
7695 S.W. 104th Stre	et			5	
Suite 210	19 19 19 19 19 19 19 19 19 19 19 19 19 1		-	[4
Miami, FL 33156					
If above addresses are incorrect in any way, line thr	ough incorrect is	nformation and enter	correction below.	DO NOT WRI	TE IN THIS SPACE
2. New Principal Office Address, If Applicable		ing Address. If Applic		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #. etc.	Suite, Apt. #.	Suite, Apt. #, etc.		1/12/35	
				5. FEI Number	X Applied For
City & State	City & State			6.	Not Applicable
Zip Country	Zip	Countr	y	CERTIFICATE OF STATUS DESIE	ED S8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/	or Director (Élo		tions must list at let	1	
Name of Officers		Str	eet Address of Each	<u> </u>	
Title(s) and/or Directors		3 (Do NOT U	ficer and/or Director se Post Office Box N	Numbers) 4	City / State / Zip
P/D/S Eric P. Littman 7695 S.W. Suite 210					DT 22156
P/D/S Eric P. Littman		Suite 210		Miami,	FL 33156
		<u> </u>			6896131
		{		-11/1	6836131 //9801054015
		L			<u>50.00_***1350.00_</u>
1		}			
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		[
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent	
Eric P. Littman 7695 S.W. 104th Street Suite 210 Miami, FL 33156			Name		
			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the abo	ve hamed corpo	ration, am familiar wi	th and accept the of	bligations of Section 607.0505, F.S.	
Signature of	>				
Registered Agent RE	GISTERED AG	ENT MUST SIGN		Date	a an
		· _ ·	·	1	
11. Does this corporation pay a	iny intang	ible tax to th	e		ee other side for information
Dept. of Revenue under S.	199.032,	Florida Stati	utes. Yes		on intangible tax.)
				. the Paral	
12. I do hereby certify that the information supplied w lease the Division of Corporations from any liabiliti certify that I am an officer or director or the recei- this reinstatement application the reason for diss.	rith this filing is v ty of non-complia	voluntarily furnished a ance with Section 11	ind does not qualify 3.07(3)(k) in the eve	for the exemption stated in Section and that the information supplied is c	eemed exempt from public access. I
certity that I am an officer or director or the recei- this reinstatement application the reason for diss	ver or trustee er olution has beer	npowered to execute n eliminated, the con	this application as porate name satisfic	provided for in chapter 607 or 617 as the requirements of section 607	F.S. I further certify that when filing 0401 or 617.0401, F.S., and that all
fees owed by the corporation have been paid. Th under oath.	ne information in ?	ndicated on this appl	cation is true and a	accurate, and my signature shall ha	ive the same legal effect as if made
	\$	Carles	1. think	No interlar	201-112-2222
SIGNATURE:	<u> </u>	ALL .C	v j j ma	A Traily	200 00 5-52