

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mcrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 16 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # SBA SOFTWARE INC.

1. Corporation Name

Charter # P93000062710

Principal Place of Business

Mailing Address

7701 NW 56 ST.
MIAMI, FLA 33166

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

Sept. 2, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0741776

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	David Schilling	13821 SW 84 AVE	MIAMI, FLA 33158
Vice Pres.	ROMAN TEUER	290 174 STREET	MIAMI BEACH, FLA 33160
			700002213887-0 -06/18/97-01070-014 ****\$15.00 ****\$15.00

REINSTATEMENT

9699

6-11-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert J. Nemrow
9240 Sunset Drive
MIAMI, FLA 33173

Name

David Schilling

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

7701 NW 56 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

6/10/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director of the corporation 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

6/10/97

Date

305-477-7341

Daytime Phone #

CH2ED40 (12/96)