

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P93000062710 SYMBIONT SOFTWARE GROUP, INC.			
2. Principal Office Address 4960 SW 72ND AVE Suite, Apt. #, etc. 202 City & State MIAMI, FL Zip 33155 Country USA		3. Mailing Office Address 6619 South Dixie Hwy Suite, Apt. #, etc. 239 City & State MIAMI, FL Zip 33143 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 09/02/1993		5. FEI Number 65-0741776 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 ALFREDO FAUBEL Street Address (P.O. Box Number is Not Acceptable) 6619 SOUTH DIXIE HWY Suite, Apt. #, Etc. 239 City MIAMI			
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  Date 3/28/2005 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 D	ROMAN TELLER	6619 South Dixie Hwy #239	MIAMI / FL / 33143
VTSD	ALFREDO FAUBEL	6619 South Dixie Hwy #239	MIAMI / FL / 33143
10. 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:  ALFREDO FAUBEL		3/28/2005	305 661-8797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
05 APR 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-05

CFR2001 (01/05)