## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	FILED  02 NOV 25 ANTH: 36
DOCUMENT # 795000000133		STOLETARY OF STATE TALLAMASSIE, FLUNCS
Ransoft. Corp.		
l. 	Woz-32704	
2. Principal Office Address 20423 State Ra#7	3. Mailing Office Address	
Suite 342	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  1   1   1995
Boca Raton, FL	City & State	5. FEI Number Applied For Not Applicable
Zip Country 33498 USA	Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Michelle Ranieri Street Address (P.O. Box Number is Not Acceptable)		
22315 Solitude Dr 700008863697 Suile, Apt. #, Etc. 11/07/02-01037-002 **500.00		
Boca Raton State Zip Code FL 33428		
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		
Signature of Registered Agent		Date 10/3, 2012
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
Pres Ron Ranieri	22315 Solitude	Dr. Boca Raton, E 3348
VP Muchelle Ranie	ri 22315 Solitude	Dr Bock Ruter, Fr 33428
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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 filling 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 peld 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  Date  Date  Daytime Phone #		



Consulting Services Specializing in Direct Commerce Systems

November 1, 2002

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Request to reinstate Corporation

To Whom It May Concern:

 Our-company-moved-to-a-new location in-1999 and it has just been brought to my attention that Corporation renewal forms have been going to our former address and that our Corporation status lapsed.

I respectfully request that our information be updated to:

Ransoft Corp. 20423 State Road #7, #342 Boca Raton, FL 33498

Also please find the enclosed check for \$600 to reinstate our Corporation to current.

Thank you for your kind consideration,

Sincerely,

Michelle Ranieri

Ransoft Vice President

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