

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -5 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000089073

1. Corporation Name

Softek Consulting International, Co.

REINSTATEMENT 02

500008811805

11/05/02--01101--005 **1050.00

2. Principal Office Address

2900 University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

United States

3. Mailing Office Address

2900 University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/95

5. FEI Number

65-0635353

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

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

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

James M. Halpin

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

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
Dir/Sect	Benigno Lopez	2900 University Drive	Coral Springs, FL 33065
Dir/Pres	Marcos Jimenez	2900 University Drive	Coral Springs, FL 33065

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)(l), 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:

Benigno Lopez

10/30/02

Date

954-340-5832

Daytime Phone #

CR2E081 (9/01)