

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

NU-SOFT MANAGEMENT INC.

100004547591--9
-08/21/01--01073--024
***1350.00 ***1350.00

2. Principal Office Address

601 NW 203 TERRACE

3. Mailing Office Address

601 NW 203 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

97-01

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-17-1996

5. FEI Number

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

ALONZO WASHINGTON

1,200.00-Adm

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

601 NW 203 TERRACE

61.25-AR

Suite, Apt. #, Etc.

88.75-ARsupp

City

PEMBROKE PINES

State
FL

Zip Code
33029

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]
REGISTERED AGENT MUST SIGN

Date 7-30-2001

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
VICE PRESIDENT	BRENDA WASHINGTON	601 NW 203 TERRACE	PEMBROKE PINES, FL. 33029
SECRETARY	GALE WASHINGTON JONES	7804 ANTONIETTE DR	RICHMOND, VA. 23227
PRESIDENT	ALONZO WASHINGTON	601 NW 203 TERRACE	PEMBROKE PINES, FL. 33029
			LS

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

7-30-2001

Date

954-214-2691

Daytime Phone #

CR2ED01 (9/00)