

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000006123

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** NUSOFT MANAGEMENT INC.

**Current Principal Place of Business:**

601 N.W. 203 TERRACE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

601 N.W. 203 TERRACE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 65-0641102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WASHINGTON, ALONZO  
601 N.W. 203 TERRACE  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** ALONZO WASHINGTON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WASHINGTON, ALONZO  
**Address:** 601 N.W. 203 TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33029

**Title:** T  
**Name:** WASHINGTON, MICHELE  
**Address:** 1230 WHITE TAIL TRAIL  
**City-St-Zip:** CHARLESTON, SC 29414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ALONZO WASHINGTON

P

02/26/2011

Electronic Signature of Signing Officer or Director

Date