

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
02 UPB

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # P96000037206

1. Corporation Name

THE SOFTWARES, INC.

Principal Place of Business

8720 SW 86TH CT
MIAMI FL 33143
US

Mailing Address

8720 SW 86TH CT
MIAMI FL 33143 -6966
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1996

5. FEI Number

65-0661606

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PSTD

ANDRADE, RAFAEL O

8720 SW 86TH CT

MIAMI FL 33143

8. Name and Address of Current Registered Agent

ANDRADE, RAFAEL O
8720 SW 86TH CT
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 (305)279-2255

Date

Daytime Phone #

CR2E040 (8/02)

THE SOFTWORKS, INC

8720 SW 86th Court

Miami, FL 33143

Voice: (305) 279-2255

Fax: (305) 596-7793

10/30/02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P.O. Box 6327
Tallahassee, FL 32314-6327

Attn: Barbara

RE: Doc# P96000037206 The SoftWorks, Inc.

Dear Barbara:

Thank you for your prompt help during our phone conversation. As discussed, I am sending you payment for the 2002 filing. As I mentioned, no notice was received and I really did not think there was anything to report since the corporation was idle. There has been no work for over a year and a half, but there is a possibility of a contract early November and we want to be in the clear.

Thanks again for your help.

Sincerely,



Rafael Andrade
The SoftWorks, Inc.