

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000046274

1. Corporation Name

HORNET SOFTWARE, INC.

Principal Place of Business

754 NW 132ND AVE
PLANTATION FL 33325
US

Mailing Address

754 NW 132ND AVE
~~APT 4722~~
PLANTATION FL 33325
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

05/31/1996

5. FEI Number

65-0668455

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BLOCH, MICHAEL	754 NW 132ND AVE	PLANTATION FL 33325

900008791649
11/04/02--01107--003 **150.00

8. Name and Address of Current Registered Agent

BLOCH, MICHAEL
754 NW 132ND AVE
PLANTATION FL 33325

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

CR2E040 (8/02)

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

Michael Bloch
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/2002

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:

Jim Smith
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/2002 954 414 7989

Hornet Software, Inc.
754 NW 132nd Ave
Plantation, FL 33325

10/26/2002

Tax ID: 65-0668455

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

Dear Sir/Madam:

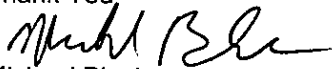
I have received a "Notice of Administrative Dissolution or Revocation." Over the past several years I have paid this fee on time.

This year I had not received any of the prior notices until this final document arrived. The address on this document

appears as : Hornet Software, Inc.
 754 NW 132nd Ave.
 Apt 1722
 Plantation, FL 33325

I do not live in an apartment. The addition of "Apt 1722" must have been the reason for the lack of delivery. I therefore respectfully request any additional fines be waived.

Thank You


Michael Bloch