

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG -6 PM 2:46

DOCUMENT # P96000046274

1. Corporation Name

HORNET SOFTWARE, INC.

100159329641
08/06/09--01049--007 **600.00

2. Principal Office Address - No P.O. Box #

754 NW 132nd Ave

3. Mailing Office Address

754 NW 132nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33325

Country

US

Zip

33325

Country

US

* CR2E081 (12/08)

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. Name and Address of Current Registered Agent

Name

Michael Bloch

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

754 NW 132nd Ave

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33325

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael Bloch

REGISTERED AGENT MUST SIGN

Date 8/1/09

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
P	BLOCH, MICHAEL	754 NW 132nd Ave	Plantation, FL 33325

10. I certify that I am an officer or director of the corporation 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 contained in Chapter 119, 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:

Michael Bloch

Michael Bloch

08/01/2009

(954) 494-7889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #