

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
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 1722
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

REINSTATEMENT

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

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

REGISTERED AGENT MUST SIGN

Date

11/09/03

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:

Michael Bloch Michael Bloch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/09/03 9544447889

Daytime Phone #

CR2E040 (7/03)

2 of 2

To: Florida Department of State, Division of Corporations.

To Whom It May Concern:

I just recently received my Notice of Dissolution. I believe the reason that the previous mailings did not get to me is because of an incorrect mailing address. The mailing address that is printed on the form you sent is incorrect. (An extra line "APT 1722" appears). This can be seen in the form that I am returning to you.

Please let me pay the \$150.00 dollar fee.

Thank you,

A handwritten signature in black ink, appearing to read 'Michael Bloch', written in a cursive style.

Michael Bloch