

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091804

1. Corporation Name

SOFTTECH GROUP, INC.

Principal Place of Business

Mailing Address

571-T HAVERTY CT.
T
ROCKLEDGE FL 32955
US

571-T HAVERTY CT.
T
ROCKLEDGE FL 32955
US

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

2. New Principal Office Address, If Applicable

953 SABAL GROVE DRIVE

3. New Mailing Office Address, If Applicable

953 SABAL GROVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1996

5. FEI Number

59-3419426

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CARULLO, TAMARA	953 SABAL GROVE DR.	ROCKLEDGE FL
VPST	CARULLO, SCOTT A	953 SABAL GROVE DR.	ROCKLEDGE FL
PTSD	CARULLO, Scott A	953 SABAL GROVE DR.	Rockledge FL
			300004687783--0 -11/19/01-01073-922 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CARULLO, Scott A

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

953 SABAL GROVE DRIVE

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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.

Signature of
Registered Agent

Scott A. Carullo
REGISTERED AGENT MUST SIGN

Date 10-22-01

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:

Scott A. Carullo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-01

Daytime Phone #

321-639-2703

CR2E040 (8/01)



Rockledge Business Park, Suite T
571-T. Haverly Court
Rockledge, FL 32955

October 22, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

I have attached the Application for Reinstatement Form I recently received in the mail. I spoke with someone in your office about not having received any previous paperwork regarding the 2001 Uniform Business Report. They informed me to send in the reinstatement form along with the standard filing fee in order to return the corporation back to active status.

SoftTech Group, Inc. has always filed a timely Uniform Business Report with the Florida Department of State in previous years. I feel that our corporate change of address and/or post office delivery error caused the prior paperwork not to arrive at its destination. The reinstatement form did have the proper address and we are pleased to have received it so we can return the Corporation back to active working status.

Thank you for your assistance, if you require any further information please call me directly at 321-639-2703

Scott Carullo
President
SoftTech Group, Inc.