

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAR 23 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000091884**

1. Corporation Name

**H.W. Software Services, INC.**

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

**2291 Smokey Sky Dr.**

Suite, Apt. #, etc.

3. Mailing Office Address

**2291 Smokey Sky Dr.**

Suite, Apt. #, etc.

City & State

**Henderson, NV 89052**

Zip

Country

**89052 USA**

City & State

**Henderson, NV 89052**

Zip

Country

**89052 USA**

**400199121344**

03/23/11--01028--003 \*\*2400.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/08/1996**

5. FEI Number

**65-0706809**

☐ 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

**Steven Aumonte**

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

**157 Saint Lucie Street**

Suite, Apt. #, Etc.

City

**Lake Placid, FL**

State

**FL**

Zip Code

**33852**

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

Date **3-20-11**

REGISTERED AGENT MUST SIGN

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

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|----------|--------------------------------------|---|----------------------------|
| <b>D</b> | <b>Adam Weiner</b>                   | <b>2291 Smokey Sky Dr.</b>                        | <b>Henderson, NV 89052</b> |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |

**REINSTATEMENT 06-11**

**B 3/24/11**

10. E-mail Address: **adamw500@gmail.com** repeat: **adamw500@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/2011**

Date

**702-518-0112**

Daytime Phone #