

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 SEP -6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97 0000 26566**

1. Corporation Name

A.I. SOFTWARE, INC.

2. Principal Office Address

3900 NW 74TH DR

Suite, Apt. #, etc.

774

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

1999

5. FEI Number

65-0741022

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

MAURICE ARCADIER, JR.

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

9703 S. DIXIE HWY

Suite, Apt. #, Etc.

#20

City

MIAMI

State
FL

Zip Code

33156

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9/5/02**

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
D	O. RUBEN VILA	3900 NW 74TH DR #774	MIAMI, FL 33166

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

786-268-0400

Daytime Phone #

CR2E081 (9/01)

9/6/02

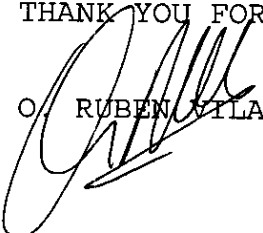
A.I. SOFTWARE, INC.

SEPT 5, 2002

ATTN: DEPT OF STATE

THE FOLLOWING IS REQUEST TO REINSTATE THE
CORPORATION A.I. SOFTWARE, INC. (FEI# 650741022).
WE HAD MOVED FROM OUR PREVIOUS LOCATION AND NEVER RECEIVED THE
YEARLY FILING FEE PAPERWORK. ENCLOSED IS OUR CHECK TO REINSTATE
THE CORPORATION.

THANK YOU FOR YOUR ASSISTANCE,


O. RUBEN VELA

A.I. SOFTWARE, INC.
3900 NW 79 AVE #474
MIAMI, FL 33166
Tel: 305-597-0101 Fax: 305-597-0626