

PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 197000080367

1. Corporation Name

Eurosoft Corporation

2. Principal Office Address

7235 North Creek Loop

Suite, Apt. #, etc.

City & State

Gig Harbor, WA

Zip

98335

Country

U.S.A.

3. Mailing Office Address

c/o The Otto Law Group

601 Union St.

Suite, Apt. #, etc.

Suite 4500

City & State

Seattle, WA

Zip

98101

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/1997

5. FEI Number

223538310

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

Incorporating Services, Ltd

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

1540 Glenway Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Melissa A. Murry

Date 9/1/06

REGISTERED AGENT MUST SIGN

Melissa A. Murry, Asst. Secretary

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   |
|--------|--------------------------------------|---|----------------------|
| P/D    | Stephen Careaga                      | 7235 North Creek Loop                             | Gig Harbor, WA 98335 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

REINSTATEMENT 05-06

400079726784  
09/12/06--01058--013 \*\*999.00

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 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:

Stephen Careaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

206-262-9545  
August 29, 2006

Date

Daytime Phone #