

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 AM 9 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97600081814

1. Corporation Name

SOFTPAQ INTERNATIONAL, INC.

2. Principal Office Address

38823 MARGS CT.

Suite, Apt. #, etc.

3. Mailing Office Address

38823 MARGS CT.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

Zip

33540

Country

USA

Zip

33540

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-22-1997

5. FEI Number

59-3468711

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

HARRY HAMILTON JOHN

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

38823 MARGS COURT

300030133613

Suite, Apt. #, Etc.

03/09/04-01067-034 **160.00

City

ZEPHYRHILLS

State
FL

Zip Code

33540

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]

Date 03-04-2004

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	HARRY H. JOHN	38823 MARGS CT.	ZEPHYRHILLS, FL 33540

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]

HARRY H. JOHN

03-04-2004

813-368-4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-368-4940

CR2E081 (01/04)