

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P970000105195

1. Corporation Name  
Edensoftware, Inc.

Principal Place of Business: 719 MT Vernon St. #7  
Orlando, FL 32853

Mailing Address: 719 MT Vernon St #7  
Orlando, FL 32853

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12-15-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3482753	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Jose R Hernandez	719 MT Vernon St #7	Orlando, FL 32853

B. Name and Address of Current Registered Agent

Jose R Hernandez  
719 MT Vernon St #7  
Orlando, FL 32853

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11-8-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]* Jose R. Hernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-99 407-448-4608  
Date Daytime Phone #

FILED

99 NOV 19 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten mark]*

CR-27-3-12-8

**EdenSoftware..™**

incorporated

Information Technology Engineering

November 17, 1999

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Reference: Application for Reinstatement of EdenSoftware, Inc.

Dear Msr;

Attached is an Application For Reinstatement of EdenSoftware, Inc. with a check for \$158.75 as requested.

Reasons to be late, neither our accountants nor we received the actual end of year notice/invoice for payment. Now, the person who handles our paperwork, in this case my wife, was diagnosed cancer and hospitalized in Puerto Rico making it difficult for me to control some documents. She died three month ago. This is the only way I can explain some of the mess.

Appreciate the reinstatement of EdenSoftware, Inc. and the address correction to the following: 719 Mount Vernon St. - Suite 7, Orlando FL 32803

If you to call me, I am available 8:00am to 8:00pm Monday to Saturday at (407) 648-4608

Thanks in advance for your prompt attention



Jose R Hernandez  
CTO/President