

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -8 AM 11:33

DOCUMENT # P98000000195

1. Corporation Name

SPY SOFTWARE, INC.

Principal Place of Business

2975 LANTANA LAKES DRIVE EAST
JACKSONVILLE FL 32246

Mailing Address

2975 LANTANA LAKES DRIVE EAST
JACKSONVILLE FL 32246



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1998

5. FEI Number

59-3485382

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	POWELL, JOE E	2975 LANTANA LAKES DRIVE EAST	JACKSONVILLE FL 32246
COOK, TIMOTHY J		1011 ABELL CIRCLE	OVIEDO FL 32765
V	MATHEWS, JACK JR	1464 HOMESTEAD ROAD	SANTA CLARA CA 95050
			500004927955--2 -02/15/02--01004--014 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

POWELL, JOE E
2975 LANTANA LAKES DRIVE EAST
JACKSONVILLE FL 32246

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

REGISTERED AGENT MUST SIGN

Date

2/5/02

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., 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

Joe E. Powell

Date

2/5/02

Daytime Phone #

904 223 2135

CR2040 (8/01)