PLEAS ہے۔	SE READ A	ALL INSTRUC	TIONS BEFORE					
CORPORATION REINSTATEMENT		Kather Secreta DIVISION OF	RTMENT OF STATE  rine Harris  ary of State  CORPORATIONS	E FI	13 PM 4: 18 TARY CE FLORI	E.,	~	
DOCUMENT # P98000048304					TARY CARYOR	'DW		
to an all the second se				SEUN	MASSEL		`	
Softh USA COIP					(Fr.			
•				j.				
2. Principal Office Address 485 BIHMONE	MAU	3. Mailing Office Add	HEINS"					
Guite, Apt. #, etc.		Suite, Apt. #, etc.	knore Way	3/2/0	5/7/03 90/82 044 150.00			
					te Incorporated or Qualified Do Business in Florida			
Coal Gables, F		City & State  COAHCAB	5. FEI Numb	Applied For Not Applicable				
33134 Country	»A	33134	Country .	6. CERTIFICAT	E OF STATUS DESIRED [	\$8.75 Additional for a Certificate	Fee required of Status	
	and he at the product of the state of the second to be start to	7. Name an	d Address of Current Regi	stered Agent				
Name \	0(D= }	most						
Street Address (P.O.	Street Address (P.O. Box Number is Not Acceptable)				*			
Suite, Apt. #, Etc.	485 B914more WAY . Suile, Apt. #, Etc.						1	
City				·	State Zip Code	· · · · · · · · · · · · · · · · · · ·	•	
Capleables					FL  33	34		
3. I, being appointed the registered	agent of the abov	ve named corporation, a	m amiliar with and accept th	ne obligations of sect	ion 607.0505 or 617.05	i03, F.S.		
Signature of Registered Agent	RE	GISTERED AGENT MU	JST SIGN		Date 4/10/C	34		
9. Names and Street Addresses o	f Each Officer and	l/or Director (Florida non	profit corporations must list	at least 3 directors)				
Titles Officers	Name of and/or Directors	-	Street Address of Each Officer and/or Director			. City / State / Zip		
201100 noul 8,995	Bonnel-	485	- 485 BY HONCE WAY. COROLGABLES, FI 33134			Coral Gables of 33134		
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	and the second s	the state of the s		Tames in the contraction of the				
<ol> <li>10. I certify that I am an officer or d this reinstatement application, t</li> </ol>	he reason for diss	clution has been elimina	ited, the corporate name sati	isfies the requiremen	ts of section 607.0401 o	or 617.0401, F.S., that	talilees	
owed by the corporation have to on this application is true and a	peen paid and the accurate, and my s	names of individuals list ignature shall have the s	ed on this form do not qualify same legal effect as if made	rior an exemption un under oath.	idel section +19.07(3)(f)	ь г.э. тае ввоппавоп	- macated	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/n -c	-Tr <	laut	04/	16/04	305 444 3	3393	
SIGNATURE:	AND TYPED OR PR	INTED NAME OF SIGNING	OFICER OR DIRECTOR		Date	Daytime Phone #		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NO.454

SOFTTAL USA CORP 485 BILTMORE WAY CORAL GABLES, FL 33134

April 20, 2004

Florida Department of State Division of Corporations Tallahassee, F1 32399

Ref. Sofital USA Corp. Doc#P98000048304

To Whom It May Concern:

We are writing this letter because your office never led our Uniform Business Report on time. On May 23, 2003 we received a letter | at our report had been received together with our cheek but it could not be proce sed because it was not signed. Your offices cashed our check and returned our report for a signature. Upon receiving the report, we immediately returned it back sig id but apparently you never processed the report, and despite the fact that it was p dour corporation was dissolved. We have enclosed a copy of the report and ask the tyou please waive the penalty and reinstate our Corporation since it was not our enclosed a reinstatement with the annual fee for 2004. Please a just your records. Your prompt attention will be greatly appreciated.

:nlt. We have also

Sorital U.S. L. Corporation