

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -3 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000097460**

1. Corporation Name

NOTESWARE INC.

Principal Place of Business

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
MIAMI BEACH FL 33162

C/O UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH ST., STE. 300
MIAMI BEACH FL 33162

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

2. New Principal Office Address, If Applicable
NotesWare Inc.

3. New Mailing Office Address, If Applicable
Gary Ferman Law Office

Suite, Apt. #, etc.
6743 Ashley Court

Suite, Apt. #, etc.
27 Bruton Street

City & State
Sarasota, Florida

City & State
London

Zip
34241

Country
USA

Zip
W1X 7DB

Country
UK

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1998

5. FEI Number
65-0879487

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Frank William Iveson	Ashfield House, Hackforth Bedale	North Yorkshire DL8 1PE UK
V,S,D	John M Masters	7 Kingfisher Court Bridge Road	East Molessey Surrey KT8 9HL UK
V,T,D	Dianne K Massey	101 Bridgestone Drive Bourne End	Buckinghamshire SL8 5XQ UK

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***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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 12/2/99

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 118.07(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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M MASTERS

10TH November 1999

Date

444 1764 898064

Daytime Phone #