PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ____ REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P98000102022 DOCUMENT

1. Corporation Name

SOFTNET SA. INC.

Principal Place of Business

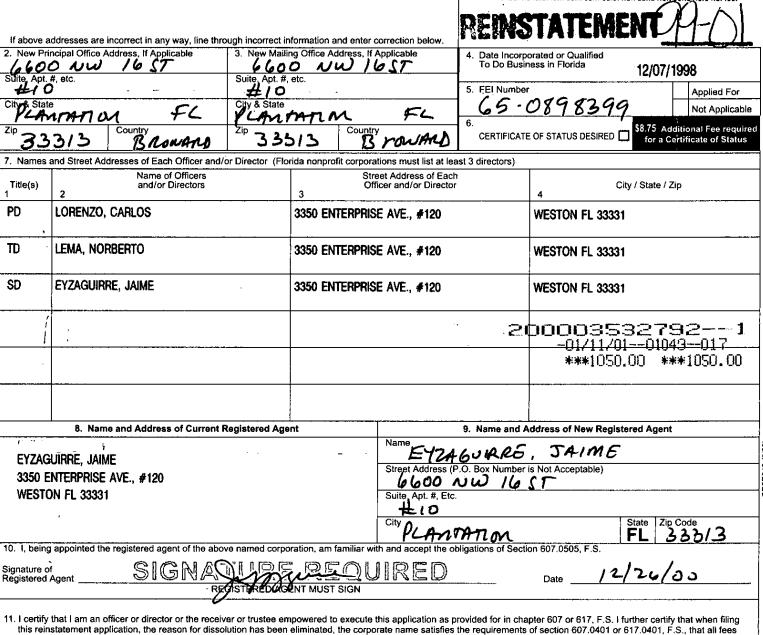
Mailing Address

3350 ENTERPRISE AVE., #120 WESTON FL 33331

3350 ENTERPRISE AVE., #120

WESTON FL 33331

FILED 01 JAN -2 AM 10: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA



12/24/00

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.