

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000102022

1. Corporation Name

SOFTNET SA, INC.

Principal Place of Business

3350 ENTERPRISE AVE., #120
WESTON FL 33331

Mailing Address

3350 ENTERPRISE AVE., #120
WESTON FL 33331

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

2. New Principal Office Address, If Applicable

6600 NW 16 ST
Suite, Apt. #, etc.
#10

3. New Mailing Office Address, If Applicable

6600 NW 16 ST
Suite, Apt. #, etc.
#10

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33313

Country

BRONARD

Zip

33313

Country

BRONARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1998

5. FEI Number

65-0898399

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
PD	LORENZO, CARLOS	3350 ENTERPRISE AVE., #120	WESTON FL 33331
TD	LEMA, NORBERTO	3350 ENTERPRISE AVE., #120	WESTON FL 33331
SD	EYZAGUIRRE, JAIME	3350 ENTERPRISE AVE., #120	WESTON FL 33331
			200003532792-1 -01/11/01-01043-017 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

EYZAGUIRRE, JAIME
3350 ENTERPRISE AVE., #120
WESTON FL 33331

9. Name and Address of New Registered Agent

Name EYZAGUIRRE, JAIME
Street Address (P.O. Box Number is Not Acceptable)
6600 NW 16 ST
Suite, Apt. #, Etc.
#10
City PLANTATION
State FL Zip Code 33313

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 REQUIRED

Date

12/26/00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME EYZAGUIRRE

Date

12/26/00

Daytime Phone #

9547919300

X-210

FILED

01 JAN -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

P-01

CR2E040 (8/99)