

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -3 PM 12:43

DOCUMENT # P98000104016

1. Corporation Name

SOFTRAIN FLA. INC

Principal Place of Business

Mailing Address

6051 MIRAMAR PARKWAY  
MIRAMAR FL 33023

6051 MIRAMAR PARKWAY  
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1998

5. FEI Number

65-0903294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75. A fee of \$9.75 is required for each certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VATHIELI, JOJO	3361 NW 85 AVE #201	CORAL SPRINGS FL 33065
D	KURUVILA, JOE	2710 WALKERS WAY	WESTON FL 33331
D	JOSEPH, RAJU	8148 LITTLE NECK PKWY	FLORAL PARK NY 11004
D	THOMAS, SALVI	9840 SW 3RD ST	PEMBROKE PINES FL 33025
			600003046376--8 -11/16/99--01099--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KURUVILA, JOE  
6051 MIRAMAR PARKWAY  
MIRAMAR FL 33023

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 10/30/99

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 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

KURUVILA

Date

10/30/99

Daytime Phone #

983-5451

CR20040 (8/99)

October 28, 1999

Division of Corporations  
Annual Reports/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Taxpayer's Assistance:

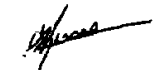
Enclosed are reinstatement forms for three of our companies.

We never received the two notices for the annual corporation fees for these companies.

We have enclosed our checks for each of the companies in the amount of \$150.00 for the corporation annual reports.

Please reinstate the companies.

Sincerely,

  
SALVI VELLAPALLY