

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 FEB 18 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000104355

1. Corporation Name

Legacy Software Acquisition, Inc.

Principal Place of Business	Mailing Address
3550 Biscayne Blvd.	3550 Biscayne Blvd.
Suite 706	Suite 706
Miami, Florida 33137	Miami, Florida 33137

500003145385--0  
-02/23/00--01107--009  
\*\*\*\*750.00 \*\*\*\*750.00

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		4. Date Incorporated or Qualified To Do Business in Florida 12/15/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For	
City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/CH	Zwebner, Michael	3550 Biscayne Blvd. Suite 706	Miami, Florida 33137
D/P	Rosov, Eugene	3550 Biscayne Blvd. Suite 706	Miami, Florida 33137
D	Walker, Alexander Jr.	3550 Biscayne Blvd. Suite 706	Miami, Florida 33137
D	Cuzner-Charles, Michael	3550 Biscayne Blvd. Suite 706	Miami, Florida 33137
S/CFO	Snyder, Clint Harold	3550 Biscayne Blvd. Suite 706	Miami, Florida 33137

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-02/23/00--01107--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

A Z Registered Agent Corporation  
2601 S. Bayshore Drive  
Suite 1600  
Miami, Florida 33133

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 Clinton H. Snyder - Secretary / Treasurer  
REGISTERED AGENT MUST SIGN

Date 2/14/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 name 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: Clinton H. Snyder CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/14/00 Daytime Phone # 305-572-0575