CORPORAT	ON	

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P9900003847 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SOFTBOOT IN	1C .					•
2. Principal Office Address	3. Mailing Of					
2354 NW 139th A Suite, Apt. #, etc.	139th AVE 2354 NW 139th AVE Suite, Apt. #, etc.			•		
Suite, Apt. #, etc.	Suite, Apt. #, t		Ì		porated or Qualified ness in Florida	1,400
City & State	City & State			5. FEI Numbe	·····	1999 Applied For
SUNRISE FL	SUNR Zip		E L ountry		0887184	Not Applicable
33323 Country USA	3332		USA	6. CERTIFICATE	OF STATUS DESIRED S8.75 A	Additional Fee required Certificate of Status
	7. Na	ime and Addr	ess of Current Registere	ed Agent		
PRASHA Street Address (P.O. Box Numl 2354 N Suite, Apt. #, Etc. City SUNRISE	per is Not Acceptable) W 13 9 t		RUKURI	31	ODO 41943 -05/10/0101 ****300.00 * State Zip Code FL 33323	1934 12108 *****3(0.00
8. I, being appointed the registered agent of	the above named corpor	ation, am famil	iar with and accept the ob	ligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent C·V·R	. Prasha REGISTERED AGE	LENT MUST SIG	6N		Date 04 16	2001
9. Names and Street Addresses of Each Off	icer and/or Director (Flor	ida nonprofit co	orporations must list at lea	st 3 directors)	etinin ningentiariam antana in tannin tanna ana ana ana antana antana antana antana antana antana antana antana	The state of the s
Titles Name of Officers and/or Di	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P_ PRASHANT C	CHERUKURI	2354	NW 1394	Ave	SUNRISE, FL.	-33323
:		.				
					00-014	BR.
10. I certify that I am an officer or director or the	ne receiver or trustee emi	nowered to eve	acute this application as or	ouided for in she	ptor 607 or 617 E.S. I further codi	futbat 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: C.V.R. Prashant PRASHANT CHERUKURI Date

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From
Prashant Cherukuri
SOFTBOOT INC
2354 NW 139th Ave
Sunrise FL 33323

April 16, 2001

To
The Examiner
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Softboot Inc to Active Status. Doc#: P99000003847

Sir/Madam:

As I was perusing the <u>www.subiz.org</u> website, I noticed that my S Corporation was in an INACTIVE status. When I called the Division of Corporations, the examiner informed me that the corporation for dissolved for not filing the annual report. I never received the Uniform Business Report or any notice from the Division of Corporations regarding the same.

As the reason for not filing was because I didn't get the UBR from the division of corporation and not willful neglect, I am requesting you to kindly waive the reinstatement fee (\$600). I am enclosing a check for \$300 covering the annual filing fee for 2000 and 2001. Kindly do the needful and reinstate the corporation.

Sincerely,

C.V.R. Prashant.

SOFTBOOT INC

Tel: (954) 835-2696

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