## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FÖR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

P99000018715

1. Corporation Name

MISG SOFTWARE SOLUTIONS, INC.

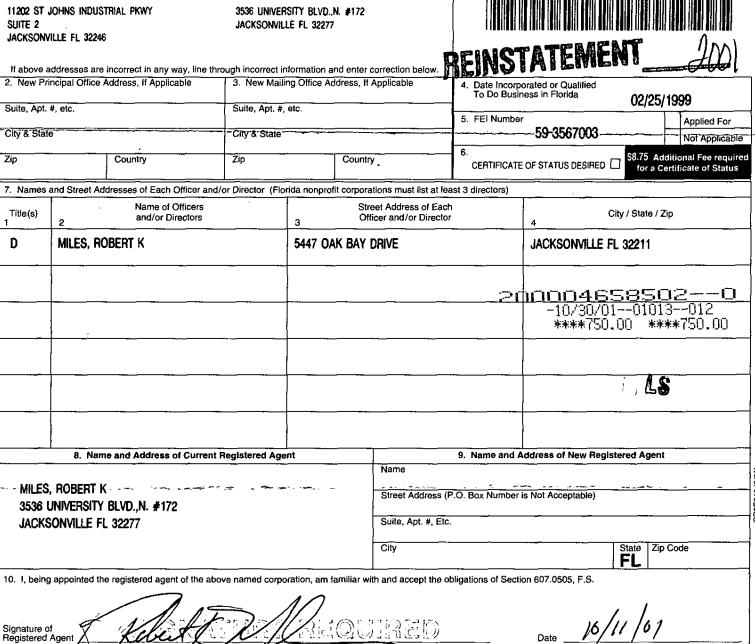
Principal Place of Business

Mailing Address

11202 ST JOHNS INDUSTRIAL PKWY

3536 UNIVERSITY BLVD., N. #172

FILED 01 OCT 15 PM 2: 18 SECRETALLY OF STATE TALLAHASSEELFLORIDA



11. I certify that I am an officer or director or the receiver 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 logal affect as if made under oath.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN