

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 FEB -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100011620971

02/03/03--01089--002 **1200.00

DOCUMENT # P99000049234

1. Corporation Name

DEGRIFF' SOFT, INC.

2. Principal Office Address

700 E. DANIA BEACH BLVD.

3. Mailing Office Address

700 E. DANIA BEACH BLVD.

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

City & State

DANIA, FL

City & State

DANIA, FL

Zip

33004

Country

USA

Zip

33004

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/01/99

5. FEI Number

65-0933650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK VIVIES

Street Address (P.O. Box Number is Not Acceptable)

700 E. DANIA BEACH BLVD.

Suite, Apt. #, Etc.

SUITE 202

City

DANIA

State

FL

Zip Code

33004

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

6/23/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PANTANELLA, PHILIPPE	700 E. DANIA BEACH BLVD.	DANIA, FL 33004
VSTD	MOREAU, DANIELLE	700 E. DANIA BEACH BLVD.	DANIA, FL 33004

10. 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

Date

NOV. 03.02

Daytime Phone #

CR2E081 (9/01)