

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082661

1. Corporation Name

SOFTEC SOFTWARE TECHNOLOGY, INC.

Principal Place of Business

16115 N.W. 64TH AVE., APT. 320  
MIAMI FL 33014

Mailing Address

16115 N.W. 64TH AVE., APT. 320  
MIAMI FL 33014

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

09/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-096978

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	PENA, YOHANNY	16115 N.W. 64TH AVE., APT. 320	MIAMI FL 33014

800003485528--0  
-12/05/00--01011--008  
\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENA, YOHANNY  
16115 N.W. 64TH AVE., APT. 320  
MIAMI FL 33014

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/28/2000

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2000 305-733-7829  
Date Daytime Phone #

# Carlos B. Pargas And Associates, P. A., CPAs

2062

Comprehensive Financial Planners • Estate Planners • Computer Consultants  
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FLORIDA

November 1, 2000

Division of Corporations  
Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Enclosed Reinstatement Application for Softer Software Technology, Inc.

Gentlemen,

The above corporation never received their annual report renewal request from the Secretary of State on or about January of 1999. Consequently, the corporate charter has been dissolved or revoked.

This is the first year in existence for this corporation and its only officer was unaware of this annual filing requirement. In addition, it never received the annual report request from the Secretary State that should have been filed by May of 1999. The president has also been ill at times through the year.

On behalf of the client, we are submitting a \$150 check to reinstate the corporate charter and we plead, due to reasonable cause, that all penalties be waived under the circumstances.

Respectfully,

  
Carlos B. Pargas, C. P. A.  
Reg. Investment Advisor

Enclosures

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
NOV 1 2000

ENCLOSURE  
NOV 1 2000

9700 S. Dixie Highway • Suite 900 • Miami, Florida 33156  
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(305) 670-9844 Fax • Email: [pargascpas@pargascpas.com](mailto:pargascpas@pargascpas.com)

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