

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 28 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090896

1. Corporation Name Bullfrog Systems Inc

2. Principal Office Address

3157 Coco Plum Circle

Suite, Apt. #, etc.

3. Mailing Office Address

3157 Coco Plum Circle

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 15, 1999

5. FEI Number

65-0960807

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

Richard Sorren

800004462718--2

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

3157 Coco Plum Circle

07/06/01 01069 028

***300.00 ***300.00

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33063

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 6-22-01

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
Pres	Kimberly Elizabeth Sorren	3157 Coco Plum Circle	Coconut Creek, FL 33063
VP	Richard Sorren	3157 Coco Plum Circle	Coconut Creek, FL 33063
Sec	Richard Sorren	3157 Coco Plum Circle	Coconut Creek, FL 33063
Tres	Kimberly Elizabeth Sorren	3157 Coco Plum Circle	Coconut Creek, FL 33063

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:

Richard Sorren V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-01

Date

(984) 536-8055

Daytime Phone #

CR25081 (9/00)