PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86273**

1 Corporation Name

AEROSOFT SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~4350 W SUNRISE BLVD~~ ~~SUITE D-109~~ ~~PLANTATION FL 33313~~	~~4350 W SUNRISE BLVD~~ ~~SUITE D-109~~ ~~PLANTATION FL 33313~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7027 W. BROWARD BLVD.	7027 W. BROWARD BLVD.
Suite, Apt. #, etc. SUITE 353	Suite, Apt. #, etc. SUITE 353
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33317 Country USA	Zip 33317 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/09/1991

5. FEI Number: 65-0314770 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	WYATT, DON	4350 W SUNRISE BLVD D109	PLANTATION FL
~~DV~~	~~WYATT, DAVID~~ DELETE	~~4350 W SUNRISE BLVD D109~~	~~PLANTATION FL~~
			800002022548--0 -12/06/96--01088--009 ~~****383.75~~ ~~****383.75~~
			12-5-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WYATT, DON ~~4350 W SUNRISE BLVD~~ ~~SUITE D-109~~ ~~PLANTATION FL 33313~~	Name: DON WYATT Street Address (P.O. Box Number is Not Acceptable): 7027 W. BROWARD BLVD. Suite, Apt. #, Etc.: SUITE 353 City: PLANTATION State: FL Zip Code: 33317

CR2E040 (7/96)

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] REGISTERED AGENT MUST SIGN Date: Nov 28, 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12 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] Nov 28, 96 (954) 584-7818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067521 AF