

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 9 AM 9:35

DOCUMENT # V27203

1. Entity Name
CADSOFT COMPUTER INC.



Principal Place of Business
801 S.E. 6TH AVE.
SUITE 201
DELRAY BEACH, FL 33483-5185 US

Mailing Address
801 S.E. 6TH AVE.
SUITE 201
DELRAY BEACH, FL 33483-5185 US



06242009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

19260 PINES BLVD 220
Suite, Apt. #, etc.
220

3. Mailing Address

19260 PINES BLVD
Suite, Apt. #, etc.
220

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0325822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33029

Country

BROWNS

Zip

33029

Country

BROWNS

6. Name and Address of Current Registered Agent

MOORE, GEORGE C
SUITE 812
105 SOUTH NARCISSUS AVENUE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name BRIAN C. TAMONEY
Street Address (P.O. Box Number is Not Acceptable)
2200 N. FEDERAL HWY #228
City Boca Raton FL Zip Code 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFER, RUDOLF
STREET ADDRESS HOFMARK 2, 3-8261
CITY-ST-ZIP PLEISKIRCHEN, GERMANY, ☐ Delete

TITLE STD
NAME SCHMIDINGER, KLAUS
STREET ADDRESS HOFMARK 2, D-8261
CITY-ST-ZIP PLEISKIRCHEN, GERMANY, ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100158314971
07/09/09--01054--001 **300.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

July 6, 09 954-237-0932
Date Daytime Phone #