

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 21 PM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73468

1. Corporation Name

CUSTOM SOFTWARE CORPORATION

2. Principal Office Address

2444 NW 7 PL

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

3. Mailing Office Address

2444 NW 7 PL

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

CR2E081 (8/05)
REINSTATEMENT 03-05
4. Date Incorporated or Qualified
To Do Business in Florida 10-20-1992

5. FEI Number

650364296

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

ROBERTO ORTEGA

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

2444 NW 7 PL

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33127

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 11-16-05

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
PR	ROBERTO ORTEGA	2444 NW 7 PL	MIAMI, FL 33127

400061603664
11/21/05--01040--014 **458.75

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:

Roberto Ortega

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-05

Date

(305) 635-3018

Daytime Phone #

20f2

**DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL**

**REFERENCE: DOCUMENT NO. V73468
CUSTOM SOFTWARE CORPORATION
RE-INSTATEMENT**

SIR,

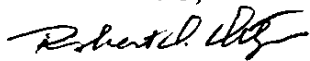
**I FOUND OUT THAT MY CORPORATION WAS INACTIVE DUE TO
ADMINISTRATIVE DISSOLUTION BASED ON MY FAILURE TO
FILE THE REQUIRED ANNUAL REPORT DURING THE YEARS
2003, 2004 AND 2005.**

**I HAVE CONTINUED RUNNING THE BUSINESS AND I HAVE FILED MY
INCOME TAXES, BUT SINCE I NEVER RECEIVED THE ANNUAL REPORT
SINCE I HAD MOVED AND PROVIDED A CHANGE OF ADDRESS, BUT THIS
WAS NOT RECORDED BY THE STATE.**

**MY CORRECT ADDRESS IS NOW: 2444 NW 7 PL
MIAMI, FLORIDA 33127**

**I ASK THAT SINCE I DID NOT PURPOSELY DISSOLVE THIS COMPANY
AND SINCE I REALLY DID NOT RECEIVE THE ANNUAL REPORTS,
PLEASE WAIVE THE FEE OF \$600.00 FOR THE REINSTATEMENT AND
ACCEPT THE \$150 PER YEAR WHICH TOTALS \$450 PLUS THE \$8.75
CERTIFICATION FEE WHICH TOTALS \$458.75.**

THANK YOU,



ROBERTO ORTEGA