PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000097919**

1. Corporation Name

SOFTWARE AND SYSTEM ENGINEERING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2211 NOWRY LANE KISSIMMEE FL 34741	2211 NOWRY LANE KISSIMMEE FL 34741

REINSTATEMENT 07

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
Suite, Apt. #, etc.: 2920 JEBIDIAH LOOP	Suite, Apt. #, etc.: 2920 JEBIDIAH Loop
City & State: St. Cloud	City & State: ST-CLOUD
Zip: 34772 Country: US	Zip: 34772 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/2002

5. FEI Number: 54-2067629 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	REBOLLEDO, ALFREDO	~~2211 NOWRY LANE~~ 2920 JEBIDIAH LOOP	~~KISSIMMEE FL 34741~~ ST. CLOUD FL 34772

500023971025
10/21/03--01071--001 **158.75

8. Name and Address of Current Registered Agent

REBOLLEDO, ALFREDO
2211 NOWRY LANE
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name: REBOLLEDO Alfredo
Street Address (P.O. Box Number is Not Acceptable): 2920 JEBIDIAH LOOP
Suite, Apt. #, Etc.:
City: St. Cloud State: FL Zip Code: 34772

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Rebolledo — Date: 10-14-03
REGISTERED AGENT MUST SIGN

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 Rebolledo — 10-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

St Cloud, October 14, 2003

Florida Department of State
Division of Corporations

Last 10/10/2003 we received a Notice of Administrative Dissolution or Revocation and the application for reinstatement for the company Software and System Engineering Solutions, INC, Document # P02000097919

On January 2003 first notice arrived, we were out of the country, however second notice was never received. So as your letter states we are requesting you to waive the reinstatement fee.

Enclosed you will find a cashier check in the amount of US$150.oo and the form correctly filled, with the new address.

Your attention on this is well appreciated.

Sincerely,

Alfredo Rebolledo
Director
Software and System Engineering Solutions Inc