PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 23 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

DOCUMENT # L02000030037

1. Limited Liability Company's Name

INTERSOFT USA, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
EXP 1221 7215 NW 54 St	EXP 1221 PO BOX 025285
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: MIAMI, FL
Zip: 33166-4807 / Country	Zip: 33102 / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/12/2002

6. FEI Number: 760719636 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road

Suite, Apt. #, Etc.: #221E

City: Palm Beach Gardens | State: FL | Zip Code: 33410

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Taide Baez. Vice President Date: 04/16/2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HECTOR RAFFO	EXP 1221 PO BOX 025285	MIAMI, FL 33102
MGR	NELSON GALLARDO	EXP 1221 PO BOX 025285	MIAMI, FL 33102

REINSTATEMENT 2006-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 04/21/2009 Daytime Phone #: 56-2-6972592

Typed or printed name of signing Managing Member/Manager: _____