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Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

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LIMITED LIABILITY REINSTATEMENT

USSOFT SOFTWARE SOLUTIONS LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (06/10)

DOCUMENT # L05000067158

1. Limited Liability Company's Name

USSOFT SOFTWARE SOLUTIONS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3233B WSHB.	GEORGE TOWN, GRANDS CAYMAN
Suite, Apt. #, etc. 3 FlOOR, GENESIS BUILDING	Suite, Apt. #, etc. 3 FlOOR, GENESIS BUILDING
City & State GEORGE TOWN, GRAND CAYMAN	City & State GEORGE TOWN, GRAND CAYMAN
Zip KY1-1209 / Country CAYMAN ISLANDS	Zip KY1-1205 / Country CAYMAN ISLANDS GRAND

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7/7/2005

6. FEI Number: ☐ 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 AGENTS AND CORPORATIONS, INC.

Street Address (P.O. Box Number is Not Acceptable)
300 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.
SUITE 101-330

City NAPLES State FL Zip Code 34102

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 By: [signature], Vice President Date 11/17/10
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	FERNANDO MENDES	3 FlOOR, GENESIS BUILDING	GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS.

REINSTATEMENT 06/10 A

11. E-mail Address: Fmendes@Finob-icms.com or mduarte@Finob-icms.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 16/11/10 Daytime Phone # 1-345-9458060

Typed or printed name of signing Managing Member/Manager