PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -8 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000013404

1. Corporation Name
SOFTWARE SOLUTIONS COMPANY USA, INC.

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address	
1895 WEST FLAGLER ST	1895 WEST FALGLER ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
262	262	
City & State	City & State	
MIAMI, FLORIDA	MIAMI, FLORIDA	

4. Date Incorporated or Qualified To Do Business in Florida   02/04/2003

Zip	Country	Zip	Country
33135	USA	33135	USA

5. FEI Number
510443683

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
EDGAR J AGUIAR

Street Address (P.O. Box Number is Not Acceptable)
16051 BLATT BLVD

900051139579
04/19/05 -01006 -005 **90..00

Suite, Apt. #, Etc.
303

City	State	Zip Code
WESTON	FL	33326

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 04/31/2005

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PTS	EDGAR J AGUIAR	16051 BLATT BLVD # 303	WESTON, FL 33326

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: _____   03/31/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

4/12-00