
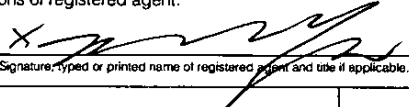



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000035709</b> 1. Entity Name <b>ADVANCED SOFTWARE SOLUTIONS, INC.</b>					
Principal Place of Business <b>13331 S.W. 105TH AVENUE</b> <b>MIAMI, FL 33176</b>				Mailing Address <b>13331 S.W. 105TH AVENUE</b> <b>MIAMI, FL 33176</b>	
2. Principal Place of Business - No P.O. Box # <b>13321 SW 105 AVENUE</b>		3. Mailing Address <b>SAME AS LEFT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State			
Zip <b>33176</b>	Country <b>USA</b>	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<del>GARCIA, SUSAN</del> <del>901 PONCE DE LEON BLVD.</del> <del>SUITE 606</del> <del>CORAL GABLES, FL 33134</del>				Name <b>ZHANG, WEI</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>13321 SW 105 AVENUE</b>	
				City <b>MIAMI</b>	Zip Code <b>33176</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>XIOASHUANG YAN</b>		<b>APRIL 3, 2007</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZHANG, WEI</b> <b>13331 S.W. 105TH AVENUE</b> <b>MIAMI, FL 33176</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13321 SW 105 AVENUE</b> <b>MIAMI, FL 33176</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>XIOASHUANG, YAN</b> <b>13331 S.W. 105TH AVENUE</b> <b>MIAMI, FL 33176</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13321 SW 105 AVENUE</b> <b>MIAMI, FL 33176</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300096368273</b> <b>04/10/07--01044--016 ***300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		<b>XIOASHUANG YAN</b>		<b>APRIL 3, 2007</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	