## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000035709  1. Entity Name ADVANCED SOFTWARE SOLUTIONS, INC.										ILED	9: 1.1.	
Principal Place of Business  13331 S.W. 105TH AVENUE MIAMI, FL 33176				Mailing Address 13331-S.W. 105TH AVENUE MIAMI, FL 33176				07 APR -5 AM 9: 44  CATE ANASSEE, PEORIDA				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address  SAME AS LEFT								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04-REINSTATEMENTOSS (OG-O)				
City & State MIAMI, 7				City & State				4. FEI Number 65~1067154			Ap	plied For t Applicable
Zip Country 1.15A				Zip	itry	5. Certificate of Status Desired				\$8.75 Add	\$8.75 Additional Fee Required	
	6. Name	and Address of Curre	nt Regis	stered Agent		Name _				New Register	ed Agent	
-CARGIA, SUSAN-						ZHANIT, WEI Street Address (P.O. Box Number is Not Acceptable)						
<del>-901 PONGE DE LEON BLVD</del> . <del>SUITE 606</del>												
-GORAL GABLES, FL-33134-						13321 SW 105 AVENUE						
8. The above	named entit	v submits this statemen	for the	ournose of changing its	rogietor	City N	1 IAM	d agent or be	ath in the Stat	_	Zip Code	176
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 X (IOA SH U ANG YAN) APRIL 3, 250 7 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$300.00								•	In accord	ance with s. 6 on did not rec	807.193(2)(b), eive the prior r	F.S., the notice.
10.	D.	OFFICERS AT	ID DIRE		11.			ADDITIONS	/CHANGES T	O OFFICERS A	AND DIRECTORS	
title Name	D ZHANG, \			Delete	TITLI NAM	1					Change	Addition i
STREET ADDRESS CITY-ST-ZIP	133≱1 S.W. 105TH AVENUE MIAMI, FL 33176					ET ADDRESS -ST-ZIP	133 Myn		j 1051 33176	AVONUZ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JANG, YAN N. 105TH AVENUE - 33176		☐ Delete			1357 M100	21 FW	105 AV 33176	enic	<b>⊠</b> Change	Addition
TITLE NAME				☐ Delete	TITLI		•				☐ Change	Addition
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CITY-ST-ZIP				☐ Delete	CITY	-ST-ZIP					☐ Change	Addition
name Street address					nam Stre	ET ADDRESS					Citalings	
CITY-ST-ZIP  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: X SIGNATURE AND TYPED OF PRINTED HOME OF SIGNING OFFICER OF DIRECTOR DIRECTOR Date Date Dayling Phone #												