CAPITAL CONNECTION 850 222 1222 10/16 '00 12:55 NO.555 05/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 17 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000012466

1. Corporation Name

VISUAL SOFTWARE SOLUTION, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
844 N.W. 76th Terrace	844 N.W. 76th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Florida	City & State: Plantation, Florida
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/14/92

5. FEI Number: 65-0389045 ☐ 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

100003434471--2
-10/23/00--01008--038
*****158.75 *****158.75

Name: RODRIGO ESCOTO

Street Address (P.O. Box Number Is Not Acceptable): 844 N.W. 76th Terrace

Suite, Apt. #, Etc.:

City: PLANTATION FLORIDA State: FL Zip Code: 33324

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: X Rod Esc Date: 10/14/00

REGISTERED AGENT MUST SIGN

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
P/D	RODRIGO ESCOTO	3057 Coral Springs Drive #203	Coral Springs Fl 33065
S/D	ANDREW BLOOM	10401 N.W. 5th Court	Plantation Fl 33324

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.

KE

SIGNATURE: X Rod Esc Rodrigo Escoto 10/14/00 954-370-9030

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