DI EACE DEAD ALL INICE	DUCTIONS DEFODE (COMPLETING THIS FORM.	
APPLICATION FLORIDA FOR PEINSTATEMENT	NOCTIONS BEFORE C A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State VISION OF CORPORATIONS	T	
DOCUMENT #P950000/0058		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
THE UNITED EDUCATIONS SOFTWARE CORP		300002202883	e
216 COMMITTENSITIES PAR	#208C	****923.75 *****92	23.75
If above addresses are incorrect in any way, line through incorrect inf		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable 27 + 8	g Address, If Applicable Atlantic Blvd etc. 6	4. Date Incorporated or Qualified To Do Business in Florida 11 / 15 / 95 5. FEI Number Applie	ed For
City & State Pempano Beach FL Zip Zip Zip Zip Zip Zip Zip Zi	no Beach FL Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional For a Certificate of	
7. Names and Street Addresses of Each Officer and/or Director (Flori Name of Officers and/or Directors 1 2	ea nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	ch or City / State / Zip	
President ZHU HAI ZHAO	1851 Holmberg Ro		67
VICE Proside REN, YU GANG	t85/Holmberg Ro	d #2823 Parkland FL33	067
		FATEMENT 96-97	
• · · · · · · · · · · · · · · · · · · ·	REINST	TAIEMENT AG 6-2	7-97
8. Name and Address of Current Registered Agen		9. Name and Address of New Registered Agent	
	Name Street Address (F	What 3hat (P.O. Box Number is Not Acceptable) Limberg Rd	CP2E040 (12/95)
	Parkl	and State Zip Code FL 3306	7
10. I, being appointed the registered agent of the above named corpor Signature of Registered Agent	ation, am familiar with and accept the o	Date 12/28/96	
14_Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: 3 Muhai 3 hat 12 128/96 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 12/28/96			