

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043270**

1. Corporation Name

Software Solution Services, Inc.

WO4-32635

2. Principal Office Address

6583 S.W. 39 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

6583 S.W. 39 Terr.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/1996

5. FEI Number

65-0674398

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

CARLOS DIAZ-PADRON

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

3911 S.W. 67th Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

400040965704

09/10/04--01052--006 **300.00

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

Carlos Diaz Padron

REGISTERED AGENT MUST SIGN

Date **3/5/04**

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
PS	MARIA E. DIAZ-PADRON	1528 Cantoria Ave.	COREAL GABLES, FL 33146

600040538506
08/26/04--01051--010 **758.75

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:

Maria E. Diaz Padron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/04 356670892

Daytime Phone #

CR25081 (01/04)