

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -1 PM 4:02

DOCUMENT # **P98000018437**

1. Corporation Name

**PANDA AVIATION OVERSEAS CORP.**

Principal Place of Business

Mailing Address

13401 LURAY RD  
FORT LAUDERDALE FL 33330  
US

13401 LURAY RD  
FORT LAUDERDALE FL 33330  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/25/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0821896	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CHONG, WANG AI	13401 LURAY RD	FORT LAUDERDALE FL 33330

300003654323--6  
02/06/01-01082-009  
\*\*\*\*900.00 \*\*\*\*900.00

*Handwritten signature and date: 2/2/01*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MASH, EVERETTE C III  
13401 LURAY RD  
FORT LAUDERDALE FL 33330

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, hereby accept with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Handwritten signature of Ai Chong Wang*

REGISTERED AGENT MUST SIGN

Date

1/10/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature: Ai Chong Wang, President*

Date

1/10/01

Daytime Phone #

954-328-2034

CR2E040 (8/00)