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(Re	equestor's Name)	
(Ad	ldress)	· · · · ·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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S. FRANKLIN JUN 1 0 2022

COVER LETTER

SUBJECT: PLASTPRO 2000.	INC.				
<u></u>	Name of corporat	ion - must	include suffix		
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpor	ertificate of Good S	tanding" a	ind check are sub		
Please return all correspondence	concerning this ma	tter to the	following:		
Ku Lin					
	Name	of Person			
PLASTPRO 2000, INC.					2027
··· — —	Firm/C	ompany			=
5200 WEST CENTURY BLVD FI	. 9				
		ldress	 -		
LOS ANGELES 900 4	5				PH
LOD MICHES	City/Stat	e and Zip	code		<u>~~~</u> .
kulin@plastproinc.com					6
E-ma	il address; (to be use	ed for futu	re annual report r	iotification)	
For further information concerni	ng this matter, pleas	se call;			
Ku Lin	at (<u>310</u>		-8600 Ext 5103		_
Name of Person	Area C	ode	Daytime Telepl	hone Number	
Registration Section Division of Corporations The Centre of Tallahasso	Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Division of Corporation P.O. Box 6327 Tallahassee, FL. 32314		ection orporations 7		
_		□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filin Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I. PLASTPRO 20	00, INC				
(Enter name of c	corporation; must include "INCORPORATE	ED,	' "COMPANY," "CORPORATION,"		_
"tnc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
06	13 : 19 : 1				_
(11 name unavail	able in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting bus	iness in Florida))
2. NEW JERSEY			223574832		
(State or countr	y under the law of which it is incorporated)	e law of which it is incorporated) (FEI number, if applicable)		le)	
4. 02/04/1998		5.			
(Date	of incorporation)		(Date of duration, if other than p	erpetual)	_
6.					
	(Date first transacted busines	s ir	Florida, if prior to registration)		_
	(SEE SECTIONS 607.1501 & 607	7.15	02, F.S., to determine penalty liability)		
7. 5200 WEST CEN	NTURY BLVD LOS ANGELE	<u>.</u> S	CA 90045		
			ce street address)	· . <u>-</u>	_
				2022	
	(Current ma	ilin	g address, if different)	5	- . ;
				,	•
8. Name and street	et address of Florida registered agent: (I	P.C	. Box NOT acceptable)	œ	
Name:	Comparation Service Communication			P	,
ivanic.	Corporation Service Company	-		. ယူ	• •
Office Address:	1201 Hays Street			26	
	Tallakaana				
	Tallahassee, (City)	_	, Florida <u>32301</u> (Zip code)		
	(,)		(isip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered about's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: Walter Wang____ Name: Shirley Wang □ Chairman **■**Chairman Address: 5200 WEST CENTURY BLVD □Vice Chairman Address: 5200 WEST CENTURY BLVD □Vice Chairman LOS ANGELES, CA 90045 LOS ANGELES, CA 90045 □ Director □ Director President □President ☐ Vice President ______ □ Vice President □ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary Other _____ ☐Other _____ □Other _____ □Other _____ Name: _____ Name: John Mai □ Chairman □Chairman □ Vice Chairman Address: <u>5200 W</u>EST CENTURY BLVD Address: □Vice Chairman LOS ANGELES, CA 90045 □ Director □ Director □President □ President ☐ Vice President ☐ Vice President **■**Secretary □Treasurer Treasurer ☐ Secretary □Other _____ □Other _____ ☐Other _____ □Chairman □ Chairman Name: _____ Name: ____ . . " □Vice Chairman Address: _____ ☐Vice Chairman Address: ______ □ Director □ Director President □ President □Vice President ____ ☐Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer Other____ □Other _____ Other ____ mportant Notice; Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed adividuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

ne officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or e is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 317.155, F.S.

John Mai, Secretary and Treasurer

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

PLASTPRO 2000, INC. 0100734214

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 04, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CENTER, SUITE 160, 100 CHARLES EWING BLVD EWING, NJ 08628

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on December 02, 2021.

CHIEF EXEC. OFFICER (CEO)	SHIRLEY WANG		2022
	5200 WEST CENTURY		2 JEH
	BOULEVARD		
	LOS ANGELES, CA 90045		P P
PRESIDENT	FRANCO AN	:	بب
	5200 WEST CENTURY	• •	26
	BOULEV.4RD		
	LOS ANGELES, CA 90045		
SECRETARY	JOHNNY MAI		
	5200 WEST CENTURY		
	BOULEVARD		
	LOS ANGELES, CA 90045		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

PLASTPRO 2000, INC. 0100734214

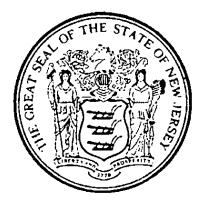
TREASURER

JOHNNY MAI

5200 WEST CENTURY

BOULEVARD

LOS ANGELES, CA 90045



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of May, 2022

Elizabeth Maher Muoio State Treasurer

Shap or Men

Certificate Number: 6131821955

Verity this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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