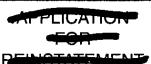
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







FILED SECRETARY OF STATE TALLAHASSEE, FLORYA

01 OCT 18 PM 12: 44

1021-01

DOCUMENT # **F98000005244**

1. Corporation Name

STALLION SYSTEMS UPGRADE, INC.

Principal Place of Business

Mailing Address

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

4182 PINEWOOD LANE WESTON FL 33331

SIGNATURE:

4182 PINEWOOD LANE WESTON FL 33331

· · · · · · · · · · · · · · · · · · ·				ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/18/1998					
Suite, Apt. #, etc. Suite, Apt. #,				etc.					1		
City & State City & State			O. TEI Namboi			52-1864787		Applied For			
						0		Not Applicable			
Zip Country		Country	Zip		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status		ional Fee required ificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
P	CHEN, CLAUDIA LU			4182 PINEWOOD LANE				WESTON FL 33331			
VST	CHEN, EDSON			4182 PINEWOOD LANE				WESTON FL 33331			
							6 (90004662 -11/01/01 ****150.08	245 01035 ***	65 022 *150.00	
										SP	
										•	
	8. Nam	e and Address of Current	Registered Age	ent			-9. Name and A	Address of New Registered	Agent.		
CHEN, EDSON 4182 PINEWOOD LANE						Name Street Address (P.O. Box Number is Not Acceptable)					
WESTON FL 33331					Suite, Apt. #, Etc.						
					City			State Zip Code			
10. I, being	appointed the	e registered agent of the ab	ove named corpo	pration, am fa	amiliar with	and accept the ob	ligations of Secti	ion 607.0505, F.S.			
Signature of Registered				Hů	K			/ <i>D</i> ·	21.0	0 /	
-		R	EGISTERED AG	ENT MUST	SIGN						
11. Legitly that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chanter 607 or 617. E.S. Lituther certify that when filling											

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.





October 12, 2001

FL Dept. of State/Division of Corporations

Dear Friends,

Enclosed is the fee for reinstating our corporation to active status. For some reason, we have not received previous notices to file this form, and it came to us as a shock to receive a dissolution of our corporation!!

Please process this reinstatement as soon as possible, as we would like to be in compliance at all times.

Sincerely,

Edson Chen