PLEASE READ A	ALL INSTRUCTIONS	BEFORE COM	MPLETING PARKE	JRM.	
APPLICATION	FLORIDA BEPARTMENT OF STATE Sandra B. Mortham		AND FILED		
FOR OUT	Secretary of State DIVISION OF CORPORATIONS		1998 MAR 26 PM 2: 55		
DOCUMENT # KO2999			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Great PANDA Company					
Principal Place of Business Mailing Address 6125 Roswell Road, Suite 101-C					
Atlanta, GA 30328					
CFUITON County) If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
New Principal Office Address, If Applicable	New Mailing Office Address, If A		Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.	FEI Number	Applied For	
Zip Country	Zip Country	6.	CERTIFICATE OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o					
Title(s) Name of Officers Street Address of E Officer and/or Directors Officer and/or Directors 2 (Do NOT Use Post Office Bo			1 abstract 7.73	13-01049-031 155 <sup>61a10</sup> *** 1772.50	
P Andy Fang 6125 Roswell Rd., Suite 101-C AtLANTA AA 30328				AA 30328	
VP Gloria Fang 6125 Roswa		well Ad, Suite	e 101-c Atlanta.	GA 30328	
S Gloria FAWG 6125 Loss		well Rd , Suite	e 101.c Atlanta	BA 30328	
T Gloria Fang 6125 Roswell		well Rd, Suite	e 1010 Atlanta,	GA 30328	
,			Piloreres	092 N	
		T.	EINSIAIEM	ENI_SI	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
Andy FANG 6125 Robwell Rd., Su	Street Address (P.O. Box Number is Not Acceptable)				
Atlanta. LA 30328 Suite, Apt. #, Etc.				8	
City Plantal			6N	State Zip Code FL 3332 4	
10. I, being appointed the registered agent of the above of corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Pagent Pagent UST SIGN  Date 7. 1998					
Mary R. Adams, Asst. Secty.  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No 1  (See other side for information on intangible tax.)					
12. 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 OFFICE OR DIRECTOR Date Daylime Phone #					