PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
	FLORIDA DEPARTMENT OF STATE Jim Smith	FILED
	Secretary of State	02 NOV 13 PM 5:05
DOCUMENT # K-366-3 1. Corporation Name	<del>Ú</del>	SECRETARY OF STATE TALLAHASSEE, FLORIDA
AKINA TIMADING CO., WC	<del>ک</del>	
×	-	REMISTRITEMENT <u>oz</u>
2. Principal Office Address 23/1/10/2057h STREET Suite, Apt. #, etc.	3. Mailing Office Address 2311 2. 205 Th Street	800008972828 11/13/0201063031 **750.00
/D 3 City & State	Suite, Apt. #, etc.:     2       10 3     City & State	4. Date Incorporated or Qualified To Do Business in Florida
Torrauce CA Zip Country 90501	Zip Country	5. FEI Number Applied For   4.5 - 0114683 Not Applied   6. S8.75 Additional Fee required
70201	90 50 / 7. Name and Address of Current Register	for a Certificate of Stat
1. U. Threefsow     Street Address (P. 0. Box Number is Not Acceptable)     305 N Porty ADD Denial Blod     Street Address (P. 0. Box Number is Not Acceptable)     305 N Porty ADD Denial Blod     Street Address (P. 0. Box Number is Not Acceptable)     305 N Porty ADD Denial Blod     Street Address (P. 0. Box Number is Not Acceptable)     305 N Porty ADD Denial Blod     State   Zip Code     # 203     City   State     Porte ADD Blonch   FL     330 6 2     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   Date 11/07/02     Registered Agent   Date 11/07/02     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	
P.D. JENNY WU VP SITE Chu Hing USU	2216 DuFour Ave L. 2216 DuFour Ave. L.	UDITA Redoudo Beach, CA 90287 INITA Redoudo Beach, CA 90287
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 indicate 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 PRIN	TED NAME OF SIGNING OFFICER OR DIRECTOR	Date Davime Phone #