


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L11321		
1. Entity Name DRAGON PHARMACEUTICAL, INC.		

FILED
04 DEC 23 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business STE 1900, 1055 WEST HASTINGS VANCOOVER, BC CANADA, v6e-2e9 CA	Mailing Address STE 1900, 1055 WEST HASTINGS VANCOOVER, BC CANADA, v6e-2e9 CA
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



12222004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0142474		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia L. Harris as its agent DATE 12/23/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LIU, LONGBIN STE 1900, 1055 WEST HASTINGS VANCOOVER, BC CANADA, v6e 2e9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500043673435 12/28/04--01039--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUN, YIU K STE 1109 OFFICE TWR CON PL 1 HAR. RD HONG KONG, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAI, KEN #1900, 1055 WEST HASTINGS ST VANOUVER, BC, v6e 2e9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAVANAGH, MATTHEW STE 1900, 1055 WEST HASTINGS VANCOOVER, BC CANADA, v6e 2e9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YVEN, PHILIP 11/6 456 DES VOUE RD CENTRAL HONG KONG, TO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WICK, ALEXANDER 10 BD DES PLANTS, F-78860 ST NOM LA BRETECHE, FRANCE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WICK, ALEXANDER BUCHSERSTRASSE 60 BORN, CH-3006, SWITZERLAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SECRETARY Date DEC 22, 2004 Daytime Phone # (604) 669-8817