




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUL -5 11:11:52 SECRETARY OF STATE TALLAHASSEE, FL 32301	
DOCUMENT # N 01000002983					
1. Corporation Name The Cultural and Educational Scholarship Foundation of Taiwan Business Association of South Florida, Inc.					
2. Principal Office Address 1951 NW 22 <sup>nd</sup> St Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 526842 Suite, Apt. #, etc.		02-05	
City & State Ft. Lauderdale, FL		City & State Miami, FL			
Zip 33311	Country USA	Zip 33152-6842	Country U.S.A.		
4. Date Incorporated or Qualified To Do Business in Florida 4/26/2001				5. FEI Number 65-1130985	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PAT VAN LIU					
Street Address (P.O. Box Number is Not Acceptable) 319 Candia Ave.					
Suite, Apt. #, Etc. 300057742799					
City Miami					
State FL					
Zip Code 33134					
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 4-14-05	
REGISTERED AGENT MUST SIGN					
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 Officer and/or Director	City / State / Zip		
Director	WU, TSAI-HUI	1951 NW 22 <sup>nd</sup> St. Ft. Lauderdale,	Ft. Lauderdale, FL 33311		
Director	LIU, PAT VAN	319 Candia Ave. Miami	Miami, FL 33134		
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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 				Date 4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-773-0837	

CR2E081 (01/05)