


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

07 OCT 23 AM 10:19

REINSTATEMENT 05-07

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10/23/07--01017--006 \*\*183.45

DOCUMENT # N03000007766

1. Corporation Name CHINESE DANCING CLUB  
OF SOUTH FLORIDA INC.

2. Principal Office Address - No P.O. Box # <u>980 NW 132ND AVE. W.</u>		3. Mailing Office Address <u>980 NW 132ND AVE. W.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL.</u>		City & State <u>MIAMI FL.</u>	
Zip <u>33182</u>	Country <u>U.S.A.</u>	Zip <u>33182</u>	Country <u>U.S.A.</u>

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-0234132

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROMINA WU

Street Address (P.O. Box Number is Not Acceptable)  
900 NE 195 ST. # 717

Suite, Apt. #, Etc.  
# 717

City MIAMI State FL Zip Code 33179

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 10-17-07

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
<u>President</u>	<u>ROMINA WU</u>	<u>900 NE 195 ST # 717</u> <u>MIAMI FLA 33179</u>	
<u>V-P</u>	<u>WEI K. LI</u>	<u>16323 NW 23 ST</u> <u>Pembroke Pines FL 33028</u>	
<u>V-P</u>	<u>MING LAU HO</u>	<u>980 NW 132nd Ave. W.</u> <u>Mia. FL. 33182</u>	
<u>TREASURER</u>	<u>PETRUS CHUK</u>	<u>158 SANDPINE CIR</u> <u>SANFORD FL 32783</u>	
<u>SECRETARY</u>			

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 contained in Chapter 119, 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] Date 10-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR