2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2006
Secretary of State

DOCUMENT# N04000005672

Entity Name: TAIWANESE CHAMBER OF COMMERCE OF TAMPA BAY FLORIDA, INC.

Current Principal Place of Business:

3233 STATE ROAD 580
SAFETY HARBOR, FL 34695

New Principal Place of Business:

1747 MORROW RD
TARPON SPRINGS, FL 34688

Current Mailing Address:

P.O. BOX, 14508, C/O YEI
CLEARWATER, FL 337664508 US

New Mailing Address:

FEI Number: 20-1149175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YEI, MAYWA PHD,CPA
3233 STATE ROAD 580
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MAYWA YEI

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YEI, MAYWA PHD,CPA
Address: 3233 STATE ROAD 580
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP (X) Delete
Name: WU, FEN-FEN
Address: 1747 MORROW ROAD
City-St-Zip: TARPORN SPRINGS, FL 34688

Title: VP (X) Delete
Name: WANG, JIMMY
Address: 338 NORTHBAY HILLS BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D (X) Delete
Name: LIAU LIN, MEI-HUEY
Address: 13118 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete
Name: LIN, CHEN-JUNG
Address: 3428 HEARDS FERRY DR.
City-St-Zip: TAMPA, FL 336182919

Title: D (X) Delete
Name: CHAO, PAUL
Address: 10912 61ST STREET
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WU, FEN-FEN
Address: 1747 MORROW ROAD
City-St-Zip: TARPORN SPRINGS, FL 34688

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEN-FEN WU P 10/18/2006

Electronic Signature of Signing Officer or Director — Date