2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0400006310

FILED Oct 28, 2007 Secretary of State

Entity Name: LI - YUAN CULTURE & EDUCATION FOUNDATION INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	34 STREET	
MIAMI, FL		
Current Mailing Address:		New Mailing Address:
8120 SW 34 STREET MIAMI, FL 33155 US		2222 AMERICUS BLVD N APT 50 CLEARWATER, FL 33763 US
n accordan	: 20-1288034 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did not I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () t receive the prior notice. Name and Address of New Registered Agent:
	-	Name and Address of New Registered Agent.
400	A C IGLAS RD 33145 US	
	e named entity submits this statement for the pee of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: OVIES IDA	
SIGNATUI	RE: OVIES IDA Electronic Signature of Registered Age	ent Date
		ont Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address:	Electronic Signature of Registered Age	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered Age S AND DIRECTORS: D () Delete DACHSANGVORN, NARISA 8120 SW 34 STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
	Electronic Signature of Registered Age S AND DIRECTORS: D () Delete DACHSANGVORN, NARISA 8120 SW 34 STREET MIAMI, FL 33155 US D () Delete LUEVITOOLVETCHKIT, SUREEPORN 8120 SW 34 STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electronic Signature of Registered Age S AND DIRECTORS: D () Delete DACHSANGVORN, NARISA 8120 SW 34 STREET MIAMI, FL 33155 US D () Delete LUEVITOOLVETCHKIT, SUREEPORN 8120 SW 34 STREET MIAMI, FL 33155 US D () Delete NITIWATANA, SUPAVEE 8120 SW 34 STREET	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 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 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: DACHSANGVORN NARISA	D	10/28/2007
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