


04 OCT 26 PM 2:31

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000024521 1. Entity Name ORIENTAL UNIVERSE INC.					
Principal Place of Business 1018 N.W. 76TH BLVD. GAINESVILLE, FL 32606			Mailing Address 1018 N.W. 76TH BLVD. GAINESVILLE, FL 32606		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3634275	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHEN, LING XI 1018 N.W. 76TH BLVD. GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <i>[Signature]</i> <small>Signature, word or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE:					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, LING X 1018 NW 76TH BLVD GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600042186286 10/26/04--01052--004 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date					
Dvertime Phone #					

REINSTATEMENT 04

10212004 REIN-P CR2E098 (6/04)