
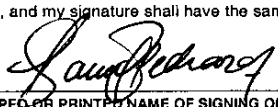


10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000039912			
1. Corporation Name Liyi-AN Corp.			
2. Principal Office Address 12257 NW 13th Court Suite, Apt. #, etc.		3. Mailing Office Address 12257 NW 13th Court Suite, Apt. #, etc.	
City & State Pembroke Pines		City & State Pembroke Pines	
Zip FL	Country 33026	Zip FL	Country 33026
		4. Date Incorporated or Qualified To Do Business in Florida 07/16/2002	
		5. FEI Number 65-1001204	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name MANUEL A. PEDRAZA			
Street Address (P.O. Box Number is Not Acceptable) 12257 NW 13th Court			
Suite, Apt. #, Etc.			
City Pembroke Pines		State FL	Zip Code 33026
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 04/12/05	
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
PD	MANUEL A. PEDRAZA	12257 NW 13th Court	Pembroke Pines, FL 33026
400053937454 05/08/05--01009--013 **908.75			
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 4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (01/05)

20f2

LIYI-AN, CORP

February 06, 2005

Division of Corporation
Uniform Business Report Filings

This is to notify that I never receive the documents for Uniform Business Report, for this reason I don't sent the annual report renewal payment on the time. I visit an accountning office to know the amount due to you to reinstate my corporation FEI number 65-1001204 Document #P00000039912, and also send the reports.

I apologize for the inconvinient that have accured, I m sending the payment as soon as posible for the year 22004. If you have any question please do not hesitate to contact me at (305)318-5922.

Sincerely,



Manuel Pedraza
President