

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV 30 PM 5:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000115160
 1. Corporation Name
SHWE YO E ENTERPRISES, INC.

Principal Place of Business Mailing Address
 8559 ETHANS GLEN TERR. JACKSONVILLE FL 32256
 8559 ETHANS GLEN TERR. JACKSONVILLE FL 32256



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 8024 Southside Blvd. Suite, Apt. #, etc. 236
 City & State Jacksonville, FL Zip 32256 Country U.S.A.

3. New Mailing Office Address, If Applicable
 8024 Southside Blvd. Suite, Apt. #, etc. 236
 City & State Jacksonville, FL Zip 32256 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 12/12/2000

5. FEI Number 59-5684237 Applied For Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SHWE, MYO W	8559 ETHANS GLEN TERR.	JACKSONVILLE FL 32256 LS
		8024 Southside Blvd. #236	Jacksonville-FL 32256
			800004720258--7 -12/12/01--01013--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
 SHWE, MYO W
 8559 ETHANS GLEN TERR.
 JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent
 Name SHWE, MYO WIN
 Street Address (P.O. Box Number is Not Acceptable) 8024 Southside Blvd.
 Suite, Apt. #, Etc. 236
 City Jacksonville State FL Zip Code 32256

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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 _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/01)

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Shwe Yoe Enterprises, Inc.
8024 Southside Rd #236
Jacksonville, FL 32256

November 26, 2001

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam,

—2001 ANNUAL REPORT
DOCUMENT NUMBER: P00000115160

We refer to the above matter. Please note that we have never received the 2001 annual report from you. The first report must be lost in the mail if you had mailed it.

Enclosed please find the check of \$150.00 for 2001 filing fees and we would appreciate if you could kindly waived the penalty due to our first time doing business in the state of Florida.

Please make sure our mailing address is as shown in this letter.

Thank you.

Yours truly,

X 
Myo W. Shwe/President

