

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 PM 3:48

DOCUMENT # **P01000014491**

1. Corporation Name

Florida Sino-American Trading Company, Inc.

REINSTATEMENT 03-06

2. Principal Office Address

215 S. Monroe Street

3. Mailing Office Address

P.O. Box 10095

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32301

Country

U.S.A.

Zip

32302

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

February 7, 2001

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Breck Brannen

Street Address (P.O. Box Number is Not Acceptable)

215 S. Monroe Street

Suite, Apt. #, Etc.

Suite 200

City

Tallahassee

State

FL

Zip Code

32301

000077663220

07/18/06--01032--017 **1208.75

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

6/26/06

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
P/S/D	Wan Rui	Suite 1001, Phoenix Building A-2, 312 Zhangshan Road	Wuhan China 430071

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/06

Daytime Phone #

222-3533