


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000019969		
1. Entity Name NEW CHINA DOLL, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

Principal Place of Business 6895-D N 9TH AVENUE PENSACOLA, FL 32504	Mailing Address 6895-D N 9TH AVENUE PENSACOLA, FL 32504
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REINSTATEMENT 04



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11152004 REIN-P CR2E098 (6/04) MRS

6. Name and Address of Current Registered Agent  FATSEAS, GEORGE 6895-D N 9TH AVENUE PENSACOLA, FL 32504	
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7. Name and Address of New Registered Agent	
Name <u>George Fatseas</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2865 MANDEVILLE LN</u>	
City <u>PENSACOLA</u>	FL Zip Code <u>32526</u>

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.	
SIGNATURE <u>George Fatseas</u> Signature, typed or printed name of registered agent and title if applicable.	<u>PRESIDENT</u> (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CHU FATSEAS, MING 6895-D N 9TH AVENUE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GEORGE FATSEAS 6895 MANDEVILLE LN PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  300042998523 11/24/04--01038--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 file empowered.

SIGNATURE: <u>George Fatseas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>11-19-04</u> Date	<u>8569412607</u> Daytime Phone #
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