

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 AUG 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021732

1. Corporation Name

NEW ASIA TECHNOLOGY, INC.

(Orchid Nails And TAN Inc.)

2. Principal Office Address - No P.O. Box #

433 PLAZA REAL

Suite, Apt. #, etc.

SUITE 275

City & State

BOCA RATON, FL.

Zip

33432

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/2001

5. FEI Number

651078227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAI DO

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

433 PLAZA REAL, SUITE 275

Suite, Apt. #, Etc.

SUITE 275

City

BOCA RATON, FL.

State

FL

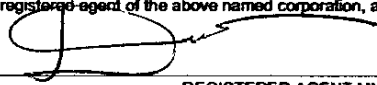
Zip Code

33432

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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/D/S	HAI DO	433 PLAZA REAL, SUITE 275	BOCA RATON, FL, 33432

REINSTATEMENT

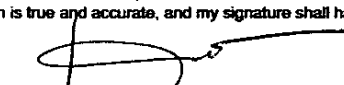
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08/01/08 01042 011

\$308.75

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 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:



HAI DO

8/7/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #