PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 APR 10 PM 2:08	
DOCUMENT # PO 10000 23906 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1406 Fowler C	orporation	AAA .	
2. Principal Office Address - No P.O. Box # 1402 E. Fowler Ave. Suite, Apt. #, etc.	3. Mailing Office Address 2380 N. Central Expuy Suite, Apt. #, etc.	400122910804 04/10/0801029015 **1050.00 PRINT 06-08	
City & State Tampa, FL Zip Country 33612 USA	City & State PIGNO, TX Zip Country 75074 USA	4. Date Incorporated or Qualified To Do Business in Florida 3 - 5 - 0 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name Charle Che Street Address (P.O. Box Number is Not Acceptable) 1402 E. FOWLET A Suite, Ant. #, Etc. City		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 1 - 8 - 0 8 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and	/or Director (Florida nonprofit corporations must list at le	east 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		
Pres. Wen Lung Che	2380 N. Centra	1 Expuy Plano, TX 75074	
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 filling 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: Wen June Of SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #			