

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -7 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031158

1. Corporation Name

China Agro Sciences Corp.

900158207249
07/07/09--01019--018 **750.00

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

101 Xinyao St.

3. Mailing Office Address

c/o AUS 100 Wall Street

Suite, Apt. #, etc.

Jinzhou District

Suite, Apt. #, etc.

15th Floor

City & State

Dalian Liaoning

City & State

New York, NY

Zip

116100

Country

China

Zip

10005

Country

USA

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

33-0961490

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

Island Stock Transfer

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

100 Second Ave South

Suite, Apt. #, Etc.

Suite 705S

City

St. Petersburg

State

FL

Zip Code

33701

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7-2-09

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
DPT	Zhengquan Wang	c/o AUS 100 Wall St. 15th Floor	New York, NY 10005
	<i>[Signature]</i>		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/09

Date

212-232-0120

Daytime Phone #