

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000048571</b> 1. Entity Name <b>FAR EAST ENTERPRISES, INC.</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">60 DEC -5 PM 1:18</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;">12042008    REIN-P    CR2E098 (1/07)</div>	
Principal Place of Business <b>3618 APALACHEE PKWY TALLAHASSEE, FL 32311</b>				Mailing Address <b>3618 APALACHEE PKWY TALLAHASSEE, FL 32311</b>			
2. Principal Place of Business - No P.O. Box # <b>3425 Thomasville Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3425 Thomasville Rd</b> <small>Suite, Apt. #, etc.</small>		4. FEI Number <b>59-3723579</b> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>					
Zip <b>32309</b>		Country <b>USA</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>PHAN, TIFFANY 3618 APALACHEE PKWY TALLAHASSEE, FL 32311</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3425 Thomasville Rd</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32309</b>							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PST</b>	NAME <b>PHAN, TIFFANY</b> <input type="checkbox"/> Delete			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>3425 Thomasville Rd</b>		
STREET ADDRESS <b>3618 APALACHEE PKWY</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL 32311</b>			STREET ADDRESS <b>3425 Thomasville Rd</b>	CITY-ST-ZIP <b>Tallahassee, FL 32309</b>		
TITLE <b>V</b>	NAME <b>PHAN, TRI</b> <input type="checkbox"/> Delete			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>3425 Thomasville Rd</b>		
STREET ADDRESS <b>3618 APALACHEE PKWY</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL 32311</b>			STREET ADDRESS <b>Tallahassee, FL 32309</b>	CITY-ST-ZIP <b>32309</b>		
TITLE _____ <input type="checkbox"/> Delete	NAME _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>800138955368</b>		
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS <b>12/11/08--01024--009</b>	CITY-ST-ZIP <b>**150.00</b>		
TITLE _____ <input type="checkbox"/> Delete	NAME _____			<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div>			
STREET ADDRESS _____	CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____		
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS _____	CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete	NAME _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____		
STREET ADDRESS _____	CITY-ST-ZIP _____			STREET ADDRESS _____	CITY-ST-ZIP _____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.							
SIGNATURE:				12/4/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date    Daytime Phone #</small>			