## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

						FILED				
	PORATION STATEMENT		Se	EPARTME cretary of ON OF CORP		04 A	• •	AH 11: 45		
DOCUMENT # P0200010955  1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
CHINA DIRECT NING, INC.						,				
						RENSTATEMENT 07-04				
2. Principal (	Office Address	JEDOK P	e Address	THFORK RD,	2			FREDERIC		
Suite, Apt. #,		11 01015 10	Suite, Apt. #, etc		I MOICE IW,	04/2	2/04-	)33 <b>566</b> 3 -01053006	**300.	. 00
City & State			City & State			4. Date Incorp To Do Busi		Oualitied D1/3	30/20	002
	ISVILLE,	FL.	TITUS	nux	, FL	5. FEI Numbe		o 809	Applied	d For opticable
<sup>Zip</sup> 多2り	180 Country	. A	Zip 3278	00 (	LSA	6. CERTIFICATE	OF STATU	S8757	dditional Fee Certificate of	e required
	7. Name and Address of Current Registered Agent									
	Name XIU LANG NING									
	Street Address (P.O. Box Number is Not Acceptable) 6640 SOUTH						FORK RD.			
	Suite, Apt. #, Etc.									
1	Citý TITU	SVILLE	3				State FL	Zip Code 32780	,	
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									CR2E081 (01/04)	
9. Names a	ind Street Addresses of	Each Officer and	or Director (Florid	a nonprofit co	rporations must list at lea	est 3 directors)				
Titles		Name of and/or Directors		_	Street Address of Each Officer and/or Director			City / State / 2	Zip	
. P	XIU-LANO	6 NIN	G. (	0640	SOUTH FO	PRK RD	TIT	USVILLE	FL 3	ユつ8°
V 1	WILLIAM	MASTE			SOUTH FOR					
		<del>-</del>								
	_									
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 under section 119.07(3)(i), 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:    19 APUL 2004   321-268-1121										

16 April 2004

Dear Sir;

Please waive the reinstatement fee on this corporation. Forwarding of mail from the previous mailing address of the corporation has been a problem. To date, this start-up corporation has done no business and has no assets. I am sure I filed last year, however since you have no record of it, I am including both last year's and this year's filing fee. Enclosed is a check for \$300.00 for 2003 and 2004 filing fee.

Ju Luy Wing Thank You, Xiu Lang Ning