

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

Rei - 04-05

FILED

05 MAR 31 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03302005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P02000056057</b> 1. Entity Name <b>WAILITA INC.</b>					
Principal Place of Business <b>2331 FINLANDIA LANE #81 CLEARWATER, FL 33763</b>				Mailing Address <del>PO BOX 3102</del> <b>5102</b> <b>CLEARWATER, FL 33758</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number	
<b>ZOU, CINDY 2331 FINLANDIA LANE #81 CLEARWATER, FL 33763</b>				<b>30-0081449</b>	
7. Name and Address of New Registered Agent				Applied For	
Name				Not Applicable	
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZOU, CINDY 2331 FINLANDIA LANE CLEARWATER, FL 33763</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date: _____ Daytime Phone #: _____		