

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000058900

1. Entity Name
XU ENTERPRISES INC.



FILED
05 NOV 29 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9926 NW 6TH CT
PLANTATION, FL 33324

Mailing Address
9926 NW 6TH CT
PLANTATION, FL 33324

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

11182005 REIN-P CR2E098 (6/04)

4. FEI Number
01-0712060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

XU, WEILI
9926 NW 6TH CT
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WU, WEILI
STREET ADDRESS 9926 NW 6TH CT
CITY-ST-ZIP PLANTATION, FL 33324

TITLE S ☐ Delete
NAME JIANG, SHERRY
STREET ADDRESS 9926 NW 6TH CT
CITY-ST-ZIP PLANTATION, FL 33324

TITLE P ☐ Delete
NAME WEILI, XU
STREET ADDRESS 9026 NW 6TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE S ☐ Delete
NAME JIANG, SHERRY
STREET ADDRESS 9926 NW 6TH CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
700061755287
11/29/05--01053--018 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____ NOV/17/2005 954-683-7308
Signature, typed or printed name of signing officer or director Date Daytime Phone #