FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAR 16 PM 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800030594278
03/17/04--01013--002 **900.00

DOCUMENT # P02000113165

1. Corporation Name

Golden America Int'l Corp.

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
8035 SW 107 Avenue		8035 SW 107 Avenue	
Ste. Apt. #, etc.		Suite, Apt. #, etc.	
222		222	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33173	USA	33173	USA

4. Date Incorporated or Qualified To Do Business In Florida 10/18/02

5. FEI Number 134224720 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mau M. Lai

Street Address (P.O. Box Number is Not Acceptable): 8035 SW 107 AVenue

Suite, Apt. #, Etc.: 222

City: Miami — State: FL — Zip Code: 33173

8. 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: CAI MAU MAN — Date: 03/09/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P S/T	Mau M. Lai	8035 SW 107 Avenue, Suite 222	Miami, FL 33173

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 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: CAI MAU MAN 03/09/04 1-876-887-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #