

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 28 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000063176					
1. Entity Name NERDOS.COM INC.					
Principal Place of Business 1305 MITCHELL AVE TALLAHASSEE, FL 32303 US			Mailing Address 1305 MITCHELL AVE TALLAHASSEE, FL 32303 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0376264	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WU, CHIA-YUAN 1652 ALSHIRE CT. -- see new address TALLAHASSEE, FL 32311			Name Street Address (P.O. Box Number is Not Acceptable) 1305 Mitchell Ave City Tallahassee FL Zip Code 32303		
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 <i>Chia-Yuan Wu</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WU, CHIA-YUAN 1652 ALSHIRE CT. TALLAHASSEE, FL 32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1305 Mitchell Ave Tallahassee FL 32303	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WU, SHIH-HUA 1305 MITCHELL AVE. TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042281887 10/28/04--01034--018 **\$150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <i>Chia-Yuan Wu</i>			CHIA-YUAN WU, CEO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10-25-04 942-2292 Daytime Phone #		