## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT STATEM	DENSITY & LAURE		DEPART Secretary SION OF C	y of S			FILED 2011 APR 19 AM 8: 16		
DOCUMENT # P03000067597  1. Corporation Name								SECRETARY OF STATE TALLEARIASSEE. FLORIDA		
Asian World Inc								•		
	ess - No P.O. Box #	Office Address			L 04/	0 <b>0020039293</b> 0 /04/1101053002 **750.00	n			
3045 S Ferdon Blvd 30				3045 S Ferdon Blvd			تامال	)	J	
Suite, Apt. #	Suite, Apt. #, etc.					CR2E081 (11/10)	_			
				<u>,                                     </u>			-4. Date Incor	porated or Qualified , siness in Florida 6/18/2003		
City & State  Cresty	City & State Crestview FL				5. FEI Numb					
	VIEW FL		W LL	Country		20-00499				
<sup>Zip</sup> 32539	39 USA		<sup>Zip</sup> 32539	39		ry	6. CERTIFICAT	TE OF STATUS DESIRED \$8.75 Additional Fee require a Gertificate of State	ared us	
7. Name and Address of Current Registered Agent										
Wen Mei Chen										
Street Address (P.O. Box Number is Not Acceptable) 3045 S Ferdon Blvd						04/	000200392930 04/19/1101005002 **150.00			
Suite, Apt. #, Etc.							I RE	REINSTATEMENT		
City ~ Crestview					State Zip Code FL 32539				_	
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 WONNET SIGN								Date 3/1/2011		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Titles Officers and/or Directors				Street Address of Each Officer and/or Director			ch	City / State / Zip	<del>}</del>	
PSTD	TD Wen Mei Chen				3045 S Ferdon Blvd			Crestview, FL 3253	9	
VPD	Chun Jin Lin			3045 S Ferdon Blvd			Blvd	Crestview, FL 32539		
							,			
REINSTATEMENT										
				1214	,					
10. E-mail Address:										
11. I certify	that I am an o	officer or director or the receiv	ver or trustee er			for future annual repo te this application as		apter 607 or 617. F.S. I further centrly that when filling this	4	
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as										
of made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE: 1772 / 1										
		SIGNATURE AND F	PED OR PRINT	D NAME OF	SIGNIN	OFFICER OR DIREC	TOR	Date Daytime Phone #		