2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000103501

1. EntityName
HUAMAYINTERNATIONAL,INCORPORATED

FILED
06 OCT -3 PM 4:41
SEC... TALLA... ...IDA

PrincipalPlaceofBusiness	MailingAddress
732 MINERVA LANE LAKE MARY, FL 32746	732 MINERVA LANE LAKE MARY, FL 32746

REINSTATEMENT 2006
09202006 REIN-P CR2E098(11/05)

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 20-0237377 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
WU,KAIJIAN 732MINERVALANE LAKEMARY,FL32746	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

Inaccordancewiths.607.193(2)(b),F.S.,the corporationdidnotreceivethepriornotice.

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	PD WU,KAIJIAN 732MINERVALANE LAKEMARY,FL32746	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	300080362273 10/02/06--01043--024 **150.00	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	TSD LI,GUOBIN 732MINERVALANE LAKEMARY,FL32746	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoes not qualify for the exemptions contained in Chapter 119, Florida Stat utes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: (X) ______ 9-20-06 407-416-6064
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#