2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P03000156241 04 DEC -3 AM 9: 22 1. Entity Name ASIAN AMERICAN ENTERPRISES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10975 SW 107 ST., #117 10975 SW 107 ST., #117 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address 3164 WEST 3*0*me Suite, Apt. #, etc. Suite, Apt. #, etc. 10202004 REIN-P CR2E098 (6/04) Applied For City & State City & State 4. FEI Number 20-Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent MATSUMURA MATSUMURA, HIROKO Street Address (P.O. Box Number is Not A 3/64 WEST 8/5 10975 SW 107 ST. #117-MIAMI, FL 33176 MIAMI 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 agents SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition Change TITLE TITLE MATSUMURA, HIROKO NAME NAME 100042435711 11/03/04--01031--004 **! 10975 SW 107 ST., #117 STREET ADDRESS STREET ADDRESS **150.00 MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change □ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE : Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ~ TITLE-Change --- Addition-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

THE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

FILED

O4 DEC -3 AM 9: 22 Thursday, October 20, 2004 SECRETARY OF STATE FALLAHASSEE, FLORIDA

DEPARTMENT OF STATE DIVISION OF CORPORATIONS 409 EAST GAINES ST. TALLAHASSEE, FL. 32399

REF: ASIAN AMERICAN ENTERPRISES INC Doc # P0300156241

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, ASIAN AMERICAN ENTERPRISES INC HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

Marin John S

I APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS,

ÁSIAN ÁMERICAN ENTERPRISES INC HÍROKO MATSUMURA