

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000025780</b> 1. Entity Name <b>PAING NANDAR, INC.</b>				<b>FILED</b> <b>07 APR 17 PM 3:05</b> FLORIDA STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>216 30TH AVE N</b> <b>APT 8A</b> <b>ST. PETERSBURG, FL 33704</b> <b>US</b>		Mailing Address <b>539 N MILLS AVE</b> <b>ORLANDO, FL 32803</b> <b>US</b>			
2. Principal Place of Business - No P.O. Box # <b>9650 69TH ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>9650 69TH ST</b> Suite, Apt. #, etc.			
City & State <b>PINELLAS PARK, FL</b> Zip    Country <b>33782</b> <b>USA</b>		City & State <b>PINELLAS PARK, FL</b> Zip    Country <b>33782</b> <b>USA</b>		4. FEI Number <b>20-0258734</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>REINSTATEMENT</b> <b>06-07</b>			
6. Name and Address of Current Registered Agent  <b>WIN, AYE TUN</b> <b>216 30TH AVE N.</b> <b>APT 8A</b> <b>ST. PETERSBURG, FL 33704</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>X</b> <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)    DATE <b>04/13/07</b>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIN, AYE TUN</b> <input checked="" type="checkbox"/> Delete <b>216 30TH AVE N. APT 8A</b> <b>ST. PETERSBURG, FL 33704</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WIN, AYE TUN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9650 69TH ST</b> <b>PINELLAS PARK, FL 33782</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>X</b> <i>[Signature]</i>			Date <b>04/13/07</b> Daytime Phone #		