


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041194		
1. Entity Name ANIWUSA INC..		

Principal Place of Business 7160 520 S. DIXIE HIGHWAY. SUITE # 3B, HALLANDALE BEACH, FL 33009	Mailing Address 7160 520 S. DIXIE HIGHWAY. SUITE # 3B, HALLANDALE BEACH, FL 33009
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2. Principal Place of Business 7160 Suite, Apt. #, etc.	3. Mailing Address 7160 Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

**FILED**

06 DEC -4 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

12042006 REIN.P. 11/05

4. FEI Number 65-0545616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INWANG, JOSEPH 877 NE 195TH STREET APT 222 MIAMI, FL 33179	7. Name and Address of New Registered Agent Name In Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Joemy 12/4/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INWANG, ENO 520 SOUTH DIXIE HIGHWAY HALLANDALE BEACH, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INWANG, GLORY 3100 DIAN ROAD, Tallahassee FL 32304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INWANG, JOSEPH P 877 NE 195TH STREET, APT 222 MIAMI, FL 33179 <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
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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: Joemy 12/4/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #