## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations  05 1101121 7110122	2
DOCUMENT # P04000144716  1. Corporation Name	*
QIZHEN INDUSTRY U.S. CORPORATION	
2. Principal Office Address  18860 US Highway 19 N. 8243 18th Ave. N. REINSTEASERS (12/85) (12/85) (13/8)  Suite, Apt. #, etc.  5. 1. 1. 2. 7	ab
Sutte 12 To Do Business in Florida 10/20/3 City & State Oity & State	2004
$\mathbb{L}C(a_{0}, a_{0})$	lied For Applicable
33764 USA 33773 USA Country  6. CERTIFICATE OF STATUS DESIRED OF S	Fee required
7. Name and Address of Current Registered Agent	
Name 1 V Class	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  SDDD81961748	
225 Country Club Dr. 11/21/06-01006 **308.	75
Apt. F-1308	
City Largo State Zip Code FL 3377/	
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 REGISTERED MENT MUST SIGN  Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
Director Jerry K. Chang 225 COUNTRY CLUB DR., APT. F-1308 Largo, FL 337	7/
225 COUNTRY CLUB DR., APT. E-1308.	
Director Guang He 8243 118th Are. N. Lango, FL 3377	73
10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	6