

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000059606 1. Entity Name FOREMOST ENTERPRISES USA, INC.						FILED 07 OCT 17 PM 12:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 979 SW 71ST AVE N LAUDERDALE, FL 33068				Mailing Address 979 SW 71ST AVE N LAUDERDALE, FL 33068			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GAO, MIN D 979 SW 71ST AVE N LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, LI Y 979 SW 71ST AVE N LAUDERDALE, FL 33068			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 500110905325 10/17/07--01058--010 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAO, MIN D 979 SW 71ST AVE N LAUDERDALE, FL 33068			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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:  **Li Yu Chen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/12/07** Daytime Phone # _____