

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 23 AM 10:48

DOCUMENT # P05000070541

1. Corporation Name

FENG SHUI FORTUNE BAMBOO, INC

2. Principal Office Address - No P.O. Box #

11865 SW 26ST

Suite, Apt. #, etc.

C-37

3. Mailing Office Address

4901 SW 133 Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33175

Zip

Country

33175

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2005

5. FEI Number

20-2857695

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

DAVID AOUN

Street Address (P.O. Box Number is Not Acceptable)

4901 SW 133 Ave

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-10-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID AOUN	4901 SW 133 Ave	MIAMI FL 33175
VP	BEATRIZ TOMINAGA	4901 SW 133 Ave	MIAMI FL 33175

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] DAVID AOUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-09

Date

Daytime Phone #

305
5599401

REINSTATEMENT 07-09 KS

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