## **2006 FOR PROFIT CORPORATION** REINSTATEMENT

## SECRETARY OF STATE DIVISION OF CORPORATIONS FILEU DOCUMENT # P05000139338 06 DEC 14 AM 11: 13 FAR EASTERN TRADING CORPORATION Principal Place of Business Mailing Address 3048 EAGLET LOOP P.O. BOX 770114 ORLANDO, FL 32837 ORLANDO, FL 32877 3. Mailing Address 2. Principal Place of Business P.O. BOX 770104 Suite, Apt. #, etc. Suite, Apt. #, etc. 10302006 REIN-P CR2E098 (11/05) Applied For City & State City & State 4. FEI Number RUNDO Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name XIAO, YONG Street Address (P.O. Box Number is Not Acceptable) 3048 EAGLET LOOP ORLANDO, FL 32837 City 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE ☐ Delete TITLE ☐ Change XIAO, YONG NAME NAME 300082514613 12/13/06--01038--008 \*\*75 3048 EAGLET LOOP STREET ADDRESS STREET ADDRESS \*\*750.00 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32837 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE REMOTATEMENT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

1618 TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR o h

Daytime Phone #