

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
02 JAN 23 AM 10:27

DOCUMENT # PA3000051649

1. Corporation Name

Anewgo Trading Inc.

2. Principal Office Address

777 N.W. 72 AV.

Suite, Apt. #, etc.

60BBY 18

City & State

Miami, FL

Zip

33126

Country

U.S.A

3. Mailing Office Address

777 N.W. 72 AV.

Suite, Apt. #, etc.

60BBY 18

City & State

Miami, FL

Zip

33126

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0438648

Applied For  
(Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JungHua Lee (president)

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

777 N.W. 72 AV. #60BBY 18

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33126

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

Angela Lee

REGISTERED AGENT MUST SIGN

Date

11/28/07

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	JungHua Lee	777 N.W. 72 AV. #60BBY 18	Miami FL 33126
			000004851340--2 01/31/02--01076--022 ***150.00 ***150.00 11/28

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 under section 119.07(3)(i), 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

9/28/07

Daytime Phone #

CR2E031 (9/00)