PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Martham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # > P93000076170

1. Corporation Name

CY INTERNATIONAL CORPORATION 9410 NW 12TH STREET MIAMI, FLORIDA 33172
Principal Place of Business

Mailing Address

9410 NW 12TH STREET MIAMI, FL 33172

9410 NW 12TH STREET MIAMI, FL 33172

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.								w.	WIYB				
New Principal Office Address, if Applicable 3. New Ma					ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. Suite, Apt.					i, etc.			10/27/1993 5. FEI Number					
City & State)				65-0448713			Applied For Not Applicable	
Zıp		Country		Ζip		Cour	ntry		6. CERTIFICAT	E OF STATUS DESIRED		Additional Fee required a Certificate of Status	
7. Names a	and Street Add	resses of Each	Officer and/o	r Director (Flo	rida nonprofi	t corpo	orations must list	at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip					
P	CHIH CHENG CHEN				10200 E CALUSA CLU				UB DR MIAMI, FL 33186			186	
VP	HSIU	MEI C	HANG		10200	E	CALUSA	CI	UB DR	MIAMI, F	ն 33	3186	
									9	000020	967 9701	7494 075009	
										****915	.00	****315,00	
					9000020967494 -02/25/9701075010								
,										非非事事	1.75	*******8.75	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent					
CHTU	CUENC	CHEM					Name						
CHIH CHENG CHEN 10200 E CALUSA CLUB DR MIAMI, FL 33186							Street Address (P.O. Box Number is Not Acceptable)						
							Suite, Apt. #	Suite, Apt. #, Etc.					
							City	City State Zip Code					
10. I, being	appointed the	registered age	nt of the abov	e named corpo	oration, am fa	miliar	with and accept I	the ob	oligations of Sec	tion 607.0505, F.S.		***************************************	
Signature of Registered A	Agent V ck	L Kan	rec	SISTERED AG	ENT MUST :	SIGN				Date V	<u>. - '</u>	97	
11. Do De	es this c pt. of Re	orporatio venue ur					he tutes. Ye	es [x No[ither side fo on intangib	or information ple tax.)	
12. I certify t	that I am an off statement appli	icer or director cation, the rea	or the receive	or or trustee en	npowered to eliminated, t	execut he cor	te this application porate name sati	as pi	rovided for in ch the requirements	apter 607 or 617, F.S. i s of section 607.0401 o	further ce r 617,0401	rtify that when filing	

owed by the corporation have been paid and the names of individuals listed on this form do not quality for an exemption under section 119.07(3)(i), F.S. The information indicated

≥/21 √- 9.7 Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: V Chin SIGNATURE AND TYPED OF PRATED NAME OF SIGNING OFFICER OR DIRECTOR