PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 22 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056323

REINSTATEMENT 03-04

1. Corporation Name

Barclost International Ltd., Incorporated

2. Principal Office Address	**3.** Mailing Office Address
c/o J.Maurer 500 N.E.Spanish River Blvd.	c/o BC&A 101 First Street
Suite, Apt. #, etc. Suite 27	Suite, Apt. #, etc. P.O. Box #642
City & State Boca Raton, Florida	City & State Los Altos, California
Zip: 33431- 4517 / Country: USA	Zip: 94022 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/29/94

5. FEI Number: # 770383482 — 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: Ms. Jani Maurer, Esq.

Street Address (P.O. Box Number is Not Acceptable): 500 N.E. Spanish River Boulevard

Suite, Apt. #, Etc.: Suite 27

City: Boca Raton, Florida — State: FL — Zip Code: 33431-4517

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: Jani L. Maurer — Date: 12/21/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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/D	Abbott Stillman	670 White Plains Road	Scarsdale, NY 10583
V/D	Christopher Barclay	c/o ALTEC,#11 Zhongshan 3 Rd. Indust.&Comm.Bldg. 10/F	Guangzhou, PRC, 510030
T/D	William R. Closs	10320 West Loyola Drive	Los Altos, CA 94024
S/D	Dai Min Barclay	27601 Quail Creek, #179	Laguna Hills, CA 92656
		800043584308	
		12/22/04 01034 023 **308.75	

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: William R. Closs — 12/10/04 — (650)941-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #