

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000056323

1. Entity Name
BARCLOST INTERNATIONAL, LTD., INC.



FILED

05 NOV 15 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O J. MAURER
500 N.E. SPANISH RIVER BLVD., STE. 27
BOCA RATON, FL 33431-4517 US

Mailing Address
C/O BC&A, 101 FIRST STREET
P.O. BOX 642
LOS ALTOS, CA 94022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11012005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

77-0383482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAURER, JANI ESQ.
500 N.E. SPANISH RIVER BLVD.
SUITE 27
BOCA RATON, FL 33431-4517

Name

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

City

FL

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

Jani E. Maurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STILLMAN, ABBOTT
STREET ADDRESS 670 WHITE PLAINS RD.
CITY-ST-ZIP SCARSDALE, NY 10583

☐ Delete

TITLE VD
NAME BARCLAY, CHRISTOPHER
STREET ADDRESS C/O ALTEC, #11 ZHONGSHAN 3 RD., BLDG 10/F
CITY-ST-ZIP GUANGZHOU, PRC, 510080,

☐ Delete

TITLE TD
NAME CLOSS, WILLIAM R
STREET ADDRESS 10320 WEST LOYOLA DRIVE
CITY-ST-ZIP LOS ALTOS, CA 94024

☐ Delete

TITLE SD
NAME BARCLAY, DAI MIN
STREET ADDRESS 27601 QUAIL CREEK #179
CITY-ST-ZIP LAGUNA HILLS, CA 92656

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

William R. Closs, William R. Closs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/05 (650) 941-9773