APPLICATION FOR REINSTATEME		FLORID	A DEPARTME Sandra B. Mo Secretary of S	NT OF STATE rtham State	1	NG I FIS F	ORIVI.	
	A -	DI	VISION OF CORPC	RATIONS -	F	ILED		
DOCUMENT # 1. Corporation Name		30°T3	FAPA M		D BY JAH	-6 PH 4: 1	1	
-Tranlons	Stainles	s 5+e=	wbord is	the Co.,	SECRET TALLAHA	ARY OF STATASSEE, FLOR	TE IDA	
Principal Place of Business 3191 Coral Swite 605 Miami, E1	<i>33145</i>	Sunte Coral	S. Divie . ZK (rables;	F1 33146		Management of the control of the con		Annual An
New Principal Office Address	ough Incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Suite, Apt. #, etc.		Suite; Apt. #, etc			5. FEI Number Applied For			
City & State		City & State			6.	06278	9 % 9875 M	Not Applicat
Zip Cou	intry	Zip	Count	гу	CERTIFICATE	OF STATUS DESIRES	N lorac	ertificate of Statu
D. Jian	Wang					M.AM01/09/01/09/- *****58	:5 1 8 0 970101	33145 27-5 2-007 **583.75
8. Name and	Address of Current F	Registered Age	nt	Name	9. Name and A	ddress of New Res	gistered Agent	
Raymon? 13191 Con Swite Miami	600	145		Street Address (F 420 Suite, Apt. #, Etc.	2.0. Box Number I	s Not Acceptable)	State Zip	Code
10. I, being appointed the regis		ing in the second of the secon	eration, am familiar w	COral with and accept the of	Gable		FL 3 3 97	3146
· · · · ·	- 4	ny intang	ible tax to the	ne tutes, Yes.	□ No 🖾	(See	other side for i	
11. Does this corp Dept. of Reve	ooration pay a nue under S.	199.032,	Florida Stat	lutes, tes	- 110			