

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 DEC -2 PM 3:40

DOCUMENT # P96000009531

1. Corporation Name

COSMO IMAGE DEVELOPMENT (USA) Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400002366254--3  
-12/08/97--01141--022  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

400002366254--3  
-12/08/97--01141--022  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

Principal Place of Business

7961 S.W. 152<sup>th</sup> Ave.  
Suite. 4  
Miami, FL 33193

Mailing Address

7961 S.W. 152<sup>th</sup> Ave.  
Suite. 4  
Miami, FL 33193

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

January 30, 1996

5. FEI Number

65-0638523

Applied For  
Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	MING LI	1115 N. 183 <sup>rd</sup> St., Apt 203	Shoreline, WA 98133
V/M	BING LI	1115 N. 183 <sup>rd</sup> St., Apt. 203	Shoreline, WA 98133
M	PEIREN WANG	7961 S.W. 152 <sup>th</sup> Ave, Suite 4	Miami, FL 33193
P/M	BING LI SHEN	No. 8 JIA RENAO ROAD SHENHE DISTRICT	Shenyang CHINA
X/M	JIAN WANG	No. 8 JIA RENAO ROAD SHENHE DISTRICT	Shenyang CHINA

8. Name and Address of Current Registered Agent

PEIREN WANG  
7961 S.W. 152<sup>th</sup> AVE.  
SUITE. 4  
MIAMI, FL 33193

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Pei Ren Wang

REGISTERED AGENT MUST SIGN

Date

NOV - 28 - 97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

MING LI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MING LI

NOV. 24, 1997

Date

Daytime Phone #

(206) 546-8894

CP25040 (2/95)