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Florida Department of StateDivision of Corporations
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To:Division of Corporations
Fax Number : (850) 617-6384**From:**Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368**CORPORATION REINSTATEMENT****COSMO IMAGE DEVELOPMENT (USA), INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$2,250.00

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Corporate Filing Menu

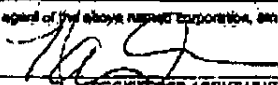
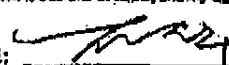
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000009531					
1. Corporation Name COSMO IMAGE DEVELOPMENT (USA), INC.					
2. Principal Office Address - No P.O. Box # 2162 NW FAR COUNTRY LANE			3. Mailing Office Address 2162 NW FAR COUNTRY LANE		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State ISSAQUAH, WA			City & State ISSAQUAH, WA		
Zip 98027	Country USA	Zip 98027	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 01/30/1996	
5. FEI Number 85-0838523				☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				3025 Authority to Reinstatement For a Fee of \$200.00	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation			State FL	Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Nancy Lydon					
Signature of Registered Agent				Date 02/02/2009	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D/C	MING LI	2162 NW FAR COUNTRY LANE		ISSAQUAH, WA 98027	
V/D/M	YE WANG	2162 NW FAR COUNTRY LANE		ISSAQUAH, WA 98027	
T/S	HEATHER SILVA	2794 142ND PL NE		BELLEVUE, WA 98007	
REINSTATEMENT 1999-2009					
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 contained in Chapter 119, 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: 		YE WANG		1/27/2009	
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR		Date		Daytime Phone #	