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TALLAHASSEE, FLORIDA

Florida Department of State

Division 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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 #	3. Mailing Office Address
2162 NW FAR COUNTRY LANE	2162 NW FAR COUNTRY LANE
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ISSAQUAH, WA	City & State: ISSAQUAH, WA
Zip: 98027 Country: USA	Zip: 98027 Country: USA

CR2E081 (12/06)

4. Date Incorporated or Qualified To Do Business in Florida: 01/30/1996

5. FEI Number: 65-0838523 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Nancy Lydon Asst. Secretary 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 the 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 206-331-1828

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