

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 APR 12 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000009873**

**1. Corporation Name**

**Hudson Net International Co., INC.**

**2. Principal Office Address**

**10530 SW 54 ST**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33165**

Country

**USA**

**3. Mailing Office Address**

**10530 SW 54 ST**

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33165**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1/31/1996**

**5. FEI Number**

**65-0650508**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Linda Y Liu**

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

**10530 SW 54 ST**

Suite, Apt. #, Etc.

City

**Miami**

**000003217750-3**

**-04/20/00-01082-024**

**\*\*\*1050.00 \*\*\*1090.00**

**REINSTATEMENT 98-0078**

State  
**FL**

Zip Code

**33165**

**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

*Wei Sun*

REGISTERED AGENT MUST SIGN

Date **3/30/2000**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Chairman	John Jianghong Yu	10530 SW 54 ST Miami, FL	Miami, FL 33165
Director	Charles Yang	3217 Dolphin Dr.	Miramar, FL 33025
Director	Liren Ji	21187 Escondido Way	Boca Raton, FL 33433
Director	Linda Y Liu	10530 SW 54 ST.	Miami, FL 33165
Director	Wei Sun	2100 W 96 ST. Suite 406	Hialeah, FL 33016

**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 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:**

*Wei Sun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/2000**

Date

**305 898 2084**

Daytime Phone #