PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P96000049772 DOCUMENT #

1. Corporation Name

EASTERN INTERNATIONAL (USA), INC.

Principal Place of Business

Mailing Address

6979 NW 82 AVE

6979 NW 82 AVE

FILED

03 OCT 13 AM 8:53

SECRETARY OF STATE TALLAHASSEE FLORIDA

MIAMI FL 33166		MIAMI FL 33166			REIN	PENOIALENIENI				
If above a	• addresses are	incorrect in any way, line t	nrough incorrect in	nformation a	nd enter correction below			===		
New Principal Office Address, If Applicable 3. No.				ing Office Ac	ddress, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			06/11/1996			
City & State	9		City & State			5. FEI Numbe	65-0674323		Applied For Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED		tional Fee required	
7 Names	and Ctroot Ad	Idresses of Each Officer and	Mar Disaster (Flo	ride donnesi	it corrections must list of			lor a cer	ancate of Status	
	and Street Ad	Name of Officers	JOI Director (FIO	nda nonproi	Street Address of		T			
Title(s)	le(s) and/or Directors			3	Officer and/or Dire		City / State / Zip			
DP	DP TONG, CHUNG KWONG			19490 NW 87TH PLACE			MIAMI FL 33015			
VSD LIU, FEI HONG			19490 NW 87TH PLACE			MIAMI FL 33015	_			
						<u> </u>	<u> </u>	<u>_</u>	_	
								5347 B **15	0.00	
Name and Address of Current Registered Agent						9. Name and	Address of New Regis	tered Agent		
TOUG	01 11 11 10 10	**ONO			Name					
TONG, CHUNG-KWONG				Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
19490 NW 87TH PLACE MIAMI FL 33015					Suite, Apt. #,	Suite, Apt. #, Etc.				
					City			State Zip C	ode	
10. I, being	appointed th	e registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept t	he obligations of Sect	ion 607.0505, F.S. or 61	7.0505, F.S.		
		_								
Signature o Registered		Chungk	ron S	FNT MUKE	NGN		Date <u>Oct</u>	10/2	003	

11. 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.

EI HONG LIU Vice President 10-10-03

GNING OFFICER OR DIRECTOR

Date

Daytin

To: Dept of State	
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Re: 2003 annual report Fre	
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From: Eastern Intil (U.S.A.): DUC.	
Dear Sir:	· · ·
Vear Sir:	
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uniform business report (UBR) notices so pleas	نين مين
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Could you unive the reinstatement fee for me	ب. و سیبیت در
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Thork you very much!	
Tick postary	
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CEL 10,3003	
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