PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	V
REINSTATEMEN	IT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2404 S. FEDERAL HIGHWAY

3. Mailing Office Address

DOCUMENT # P96000078272

2404 S. FEDERAL HIGHWAY

1. Corporation Name

TAIWAN ON, INC.

2. Principal Office Address

FILED

00 HOV -7 PM 1:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ROWALO S. KOCHNA 11/6/00 561-PO2-8
ER OR DIRECTOR Date Daytime Phone #

Julie, Apr. #, etc.		Suite, Apr. #, etc.					
				4. Date Incorporated or Qualified To Do Business in Florida	00/10/1006		
City & State	•	City & State		E CELL when	09/19/1996		
BOYNTON BEACH FL		BOYNTON	BEACH FL	5. FEI Number	Applied For Not Applicable		
Zip	Country	Zip	Country	65-0696330 6.	 		
3343	35 USA	33435	USA	CERTIFICATE OF STATUS DESIRED	\$875 Additional Feerequire to a Certificate of Status		
	<u> </u>	7. Name	and Address of Current Regi	stered Agent			
	Name KOCHMAN & B	DAIIN DI C		1000034	63431 0 0001033010		
	Street Address (P.O. Box Num			****758	.75 ****75 .75		
	222 LAKEVIEW AVENUE						
	Suite, Apt. #, Etc.						
	SUITE 950						
	City WEST PALM B	EACH		State Zip Code FL 33401	ا المنافق المن		
8. I. being	appointed the registered agent of	the above named corporatio	n, am familiar with and accept the	ne obligations of section 607.0505 or 617.05	503, F.S.		
0:	· ·			_	1.1		
	gnature of Date ///6/00						
_		REGISTERED AGENT	MUST SIGN		<u> </u>		
9. Names	and Street Addresses of Each Of	ficer and/or Director (Florida	nonprofit corporations must list	at least 3 directors)			
Titles	Name of Officers and/or D	irectors	Street Address of l Officer and/or Dire		ity / State / Zip		
P	MASS, INGRI D R.	12	38 NW 18 AVENUE	DEERFIELD I	BEACH FL		
V	HOFFMAN, BARRY	10	707 CABALLO CT.	DELRAY BEAC	CH FL		
D	KOCHMAN, RONALD	c 53	36 SEA BISCUIT RO		GARDENS FL 33418		
	KOOMIAN, KONAID	3.	JO SLA DISCUII A	YAD TALK DEACH	GARDENS FD 33410		
					·		
10. I certifi	y that I am an officer or director or t	he receiver or trustee empow	ered to execute this application	as provided for in chapter 607 or 617, F.S.	further certify that when filing		
this re	instatement application, the reason	for dissolution has been elim	inated, the corporate name sati	sfies the requirements of section 607.0401 of	or 617.0401, F.S., that all fees		
	by the corporation have been paid application is true and accurate, a			for an exemption under section 119.07(3)(i)	, F.S. The information indicated		