LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM.						
1	RPORATION ISTATEMENT		K a Se	DEPARTMENT OF STATE atherine Harris ecretary of State	Ц,	FILED OFEB - PM 2: 30 SECRETARY OF STATE VELATIANSEE, FLORIDA
DOCUMENT # P9700031534 1. Corporation Name China Financial Partners, Inc.					Ę.	ielatassee, flonda
2. Principal Office Address 13215 Runn (ng Watter Pd.) Suite, Apt. #, etc. Suite, Apt. #, etc.					REINSTATEMENT ()-()	
City & State Country Zip Country Zip Country Country					To Do Business in Florida 4/8/97 5. FEI Number - 65-6766/3/ Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
Sholley Scott-Tones						
						<u>-02/15/000111701</u> 7
Palm Beach Gardens					AND THE RESERVE OF THE PERSON	State Zip Code FL 334/8
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 Date REGISTARED AGENT MUST SIGN						
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		City / State / Zip
ρ	Shelley L. Scott-Jones		Jours	13215 RunningWater Rd		Polm Beach Gardons, FC
						
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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 filling 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 signal are shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2000

<u>5616949607</u>

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