PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		Secretary	TMENT OF STATE y of State orporations	0'		LED -4 AMII: 17 TARY OF STATE A		
DOCUMENT # P97000049932 1. Corporation Name WEBPAGE INTERNATIONAL GROUP, INC.					NSTÁ 03754	SECRIFICATION OF THE SECRIFICA	VENT OS	0.00	
2. Principal Office Address 9576 NW 41 STREET			3. Mailing Office Address 9576 NW 41 STREET		60 02/09	200 9/04-	28413896 -01055017 **1	50.00	
Suite, Apt. #, etc. St			Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 07/1997			
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		5. FEI Number Applied For Not Applied by Applied For				
33178	• • • • • • • • • • • • • • • • • • • •		33178	Country	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent									
	Name RONALD HABER Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE Suite, Apt. #, Etc. #1704 City MIAMI State Zip Code FL 33131								
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									
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			
D	TANG, KEITH SAI KIT		18113	18113 NW 19 ST.		PEMBROKE PINE, FL. 33029			
D	CHOI, ALEX MAN WAI		7445 \$	7445 SW 126 ST.		PINECREST, FL. 33156			
	3 -3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-			<u> </u>					
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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 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 significure shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

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Webpage International Group, Inc. 9576 NW 41 Street Miami, FL. 33178

January 28, 2004

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL. 32314-6327

RE: Requesting Reinstatement Fee be Waive

Dear Sir or Madam;

This is to request reinstatement fee waived. We did not receive any notice for 2003 Uniform Business Report. We have always filed our report on time in the past 7 years that we have the business.

In the light of above, please waive our reinstatement fee. We are very appreciated for your assistant in this matter. Should you have any question, please contact me at 305-418-4889.

Sincerely yours,

Alex Choi

V. President