

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052129

1. Corporation Name

Pacific Marketing International U.S.A., Inc.

2. Principal Office Address

Central Plaza, 18 Harbour Rd.

Suite, Apt. #, etc.

20th Floor, Suite 2001

City & State

Wanchai

Zip

Country

Hong Kong

3. Mailing Office Address

315 West Russell Avenue

Suite, Apt. #, etc.

City & State

High Point, NC

Zip

Country

27260

USA

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

6/12/97

5. FEI Number

650769173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ *Need 2*

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

9/5/03

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 | Phillip C. Hood | 315 West Russell Avenue | High Point, NC 27260 |
| D | Glenn Mohundro | 18 Harbour Road, 20th Fl., Ste. 2001 | Wanchai, Hong Kong OC |
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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 signature shall have the same legal effect as if made under oath.

SIGNATURE:

Phillip C. Hood

Phillip C. Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-25-03

Date

(336) 889-7292

Daytime Phone

CR2ED81 (10/02)