## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 MAR 26 PH 2: 13
DOCUMENT # 199000 18 437	FALLAHASSEE, FLORIDA
Panda Aviation Overseas Corp.	700032265557
	04/09/0401034013 **1050.00
2. Principal Office Address 3. Mailing Office Address 1340/Luray Rd.	
South West Ranches South West Manches	4. Date Incorporated or Qualified To Do Business in Florida 2 25 08
Fort Laudendale A Forthanderdale FL	5. FEI Number   Applied For   Not Applicable
33330 USA 33330 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Street Address (9.0, Box Number is Not Acceptable)  Street Address (9.0, Box Number is Not Acceptable)  Garage Road Road Road Road Road Road Road Road	
Suite, Apt. #, Etc. SouthWest, Ranches	
Fort Lauderdale	State Zin Code 33330
8. I, being appointed the registered agent of the applications and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  Date  HEGISTERIO AGENT MUST SIGN	
Registered Agent Date Date 5	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
P Chong, Wang Ai 13401 Luray Ro	d. Fort Lauderdale, 77.33 32
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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #	
Ai Chong Wang, President	