CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P980000 23940
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1. Corporation Name

2. Principal Office Address

BACIFIC CULTURE & EDUCATION DEVELOPMENT, INC

3. Mailing Office Address

FILLU SEURE DARY OF STALL DIVISION OF CORPORATIONS

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DEMICTATE AREAT OC A

	Name	David M	1. Bowers			
			7. Name and	Address of Current Regis	tered Agent	
32803 Country USA		Zip Country USA		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements of Status Desired		
	ando,	F1. 32803	Orlando, F		59–3499194	Not Applicable
		0-11- E1 22002		5. FEI Number	Applied For	
City & State			City & State		3=13	<u>=98</u>
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc. Suite A		4. Daté Incorporated or Qualified To Do Business in Florida		
		 		WELLAD SALE ESTERN CC.		
1801 E. Colonial Drive		/l/ Altaloma Avenue				

7. Name and Address of Current Registered Agent					
Name	David M. Bowers				
Street Add	ress (P.O. Box Number is Not Acceptable)				
	717_Altaloma Avenue		i		
Suite, Apt.	#, Etc.				
	Suite A				
City	Orlando	State FL	Zip Code 32803		

Signature of Registered Agent and MBO REGISTERED AGENT MUST SIGN

Date 2/19/1000

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			
Pres.	Martin C. Wu	7479 Park Springs Circle	Orlando, F1. 32835			
V. P.	David M. Bowers	5404 Ferdinand Drive	Orlando, F1. 32808			
			hali			
			15/p			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Wy 3/5/2000