


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>098000035105</u>					
1. Corporation Name  <b>GOLDEN POWER MIAMI, INC.</b>					
2. Principal Office Address <b>8025 NW 54 STREET</b>		3. Mailing Office Address <b>8025 NW 54 STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>			
Zip <b>33166</b>	Country	Zip <b>33166-4004</b>	Country	4. Date incorporated or Qualified To Do Business in Florida <b>4/13/98</b>	
				5. FEI Number <b>65-0829641</b>	Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SEE INSTRUCTIONS FOR FILING</small>	
7. Name and Address of Current Registered Agent					
Name <b>Corporation Service Company</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>					
Suite, Apt. #, Etc.					
City <b>Tallahassee</b>			State <b>FL</b>	Zip Code <b>32301-2607</b>	
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		<b>BRIAN COURTNEY, ASST. V.P.</b>		Date <u>11-16-01</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres.	<b>Pius Ngok Sing Chan</b>	<b>8025 NW 54 Street</b>		<b>Miami, Florida 33166</b>	
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)(f), 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: <u>Ngok Sing Chan</u>		<b>NGOK SING CHAN</b>		Date <u>11-8-01</u> (305) 815 5529	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*750.00 \*\*\*\*750.00

CR02001 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 465087 4336650

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 16, 2001

ORDER TIME : 3:36 PM

ORDER NO. : 465087-005

CUSTOMER NO: 4336650

CUSTOMER: Charles Lea Hume, Esq  
Baker & McKenzie  
19th Floor  
1200 Brickell Avenue  
Miami, FL 33131

DOMESTIC FILINGS

NAME: GOLDEN POWER MIAMI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

DIVISION OF CORPORATION

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RECEIVED