PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	E WITCHEN	(LE 1101110C	TIONS BEI'OI	<u> </u>		J. (141.	
CORPORAT REINSTATEM	MENT -03	Secrei DIVISION O	ARTMENT OF STA tary of State of corporations	ATE		LED Paris	
DOCUMENT # PA8000071239					03 JUN 12 PM 12: 09		
1. Corporation Name					SECRETARY OF STATE FALLAHASSEE. FLORIDA		
					IALLAHASSEE, FLORIDA		
EAST WEST HOCOINGS INC.						COMIDA	
				.5 067	500020803285 06/12/0301038003 **300.00		
2. Principal Office Addr	ess of	3. Mailing Office Address					
434 5W 73 PO TERRACE		SAKE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
1					orated or Qualified iness in Florida	A.C. CT 19	02
City & State		City & State			···	AUGUST 19	70.
DAVIE , FLORIDA		·		5. FEI Numbe	857046		olied For
Zip	Country	Zip	Country	6.	36 7 D Q.Q		Applicable
33314	U8A.				OF STATUS DESIRED	\$8,75 Additional for a Certificat	
		7. Name as	nd Address of Current R	egistered Agent		<u></u>	
Name							
	STEVEN LANDIS						
Street Address (P.O. Box Number is Not Acceptable) 3 Pd TCALACE.							Ì
	Suite, Apt. #, Etc.						
Suite, Apr	Some, run. #, Enc.						
DASIE, FLORIDA					State Zip Cod	314_	
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 Date PROSTEDED ACENT MUST SIGN							
Signature of 1 1 P 0 :							
Registered Agent Date REGISTERED AGENT MUST SIGN							8
9. Names and Street A	Addresses of Each Officer and	or Director (Florida no	· · · · · · · · · · · · · · · · · · ·			·	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
	STEVEN LANDIS		4341 SW73 Ad TEAR DEG				
V CHUS	CHRISTOPHER ANDREWS		1012 SPANKH TRAIL		ROANDKE, TX 76262		۵۷
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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 filling 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 intell 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 #							
8	SIGNATURE ANIFTYPED OR PRI	NITED MAME OF SIGNING	OFFICER OR DIRECTOR		Date	Daytime Phone #	

Je cli

June 11, 2003

Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, Fl. 32399

Subject: East West Holdings Inc.-Corporation Reinstatement

Dear Sirs,

Please find attached the completed Corporate Reinstatement request form.

We were unable to verify receipt of the Uniform Business Report forms for the year 2002 this may have been a result of our relocation to our new address.

We therefore request waver of the reinstatement fees and have included \$300.00 fees for the past two years.

Thank you,

Christopher M Andrews

Vice President
East West Holdings
4341 SW 73rd Terrace
Davie, FL. 33314

Cc. Steven Landis Dennis Wood