PLEASE READ AI	LL INSTRUCTIONS FLORIDA DEPARTMEN		1	NG THIS FORM.	P
REINSTATE DEN	DIVISION OF CORPOR	JOL		FILE	D
DOCUMENT # P990000 1. Corporation Name		01 JAN -4 AM II: 17			
T & C FAMILY ENTERPRISE, INC. Principal Place of Business Mailing Address			SECRETARY OF STATE TALLAHASSEE FLORIDA		
2102 MONTANA STREET	2102 MONTANA STREET ORLANDO FL 32803				
and the second s					•
2005 E Main ST	th incorrect information and enter of the Mailing Office Address, If A Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 02/03/1999		
Lakeland Til. City & State	2005 B Main & City & State Lakeland Fil.	Ƞ	5. FEI Number 59 - 3	355386	Applied For Not Applicable
37380 USA	Zip Country	MC USA			5 Additional Fee required r a Certificate of Status
7. Names and Street Addresses of Each Officer and/or			· · · · · · · · · · · · · · · · · · ·		
		eet Address of Each icer and/or Director			ite / Zip
P TSAI, YIAO LING 2102 MONTANA		STREET			
				Account to Provide the Control	,
1 000035324 -01/11/01010 ****150.00					4416 1033001 ****150.00
		40. 4 40.	1.6	00003532 -01/11/010 ****150.00	4416 11033002 ****150.00
8. Name and Address of Current Reg	alstered Agent		9. Name and A	ddress of New Registered A	gent
CHEW, CHRISTINE	Name //ao ung TSAI Street Address (P.O. Box Number is Not Acceptable)				
8748 WITTENWOOD COVE ORLANDO FL 32836		Suite, Apt. #, Etc.	<u>, </u>	Main ST	
10. 1; being appointed the registered agent of the above	City Lakeland h and accept the obligations of Section 607,0505, F.S. State Zip Code FL >> 85 State Zip Code FL >> 85 State Zip Code FL >> 85 State Zip Code				
Signature of Registered Agent July Signature of Registered Agent MUST SIGN Date 11-28-00					
11. 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 shall have the same legal effect as if made under oath.

KE

SIGNATURE:

11-28-00
Date Daytime Phone #

T & C Family Emergrise, Inc. 2005 T Main St Lakeland, F1, 53801

December 13, 2000

Florida Department of State P.O.BOX 6327 —Tallahassee, FL 32314

Dear Sir or Madam,

2000 ANNUAL REPORT (P99000011528)

We refer to the above matter. Please note that we have never received the armost report until today due to change of address. Meanwhile, we did not know that we have to pay the filing fee every year because this is our first time doing business in the state of Florida.

Not there that the notice must been lost in the mail even though we have filed the 11 support Address Form to the United States Postal Service. Enclosed the payment of \$150.00 for our 2000 filing fees and kindly waived the penalty due to this unforeseen circumstance.

Thank you.

Yiao Line Teni Francisch

DEC-13-5000 02:35 bW CHRISLIME DUEM

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