PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>7</b>
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 FEB -5 AM 8: 57  SECRETARY OF STATE TALLAHASSEE FLORIDA
DOCUMENT # \$\mathcal{P} 99 0000 9 799 1\$ 1. Corporation Name		- TALLAHASSEE FLORIDA
Netline Technology Inc.		REINSTATEMENT 03-04
2. Principal Office Address 3100 NW 72 Avenue	1 1 1 1 1 1	800027544328 01/26/0401011030 **150.00
Suite, Apt. #, etc.  122  City & State	Suite, Apt. #, etc.  122  City & State	Date Incorporated or Qualified     To Do Business in Florida
- Miami-Telorida	Miami, Florida	5. FEI Number Applied For Not Applicable
Zip 33122 Country U.S	33122   Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name	ing Riana	
Street Address (P.O. Box Number is Not Accentable)		
3100 NW 72 Avenue 02/05/04-01066-008 **190.00		
Suite, Apt. # Etc. /22		
Miami State Zip Code FL 33/252		
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 Pate Page Page Page Page Page Page Page Pag		
Signature of Registered Agent Date / 1/14/0 C		
	d/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Each	h
DPTS Li, Yong Qian		Vet 122 Miami, FL 33122
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	د سرهود عمومون الشعاد عاد ما ما ما ۱۹۰۰ و الروايات الما الما ۱۹۰۰ و الروايات الما الما الما الما الما الما الما ال	المراجعة المعالم المعا
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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 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    1/10/0 4 305639500    Date   Devime Phone #		
		Dayune Priorie #



## Netline Technology, Inc. 3100 NW 72<sup>nd</sup> Avenue #122 Miami, FL 33122 (305) 639-5001

January 13, 2004

Division of Corporations Uniform Business Report P.O Box 6327 Tallahassee, FL 32314

Dear State Department Officer:

Recently, I discovered that our company did not file the Uniform Business Report for year 2003. At the beginning of 2003, I signed a contract to lease our present Miami location. We moved to this place in early 2003. I think that the notices your department sent to our company in old location were not forwarded to our new address. Therefore, our company was dissolved in 2003. In view of the above-mentioned problem, we request the department to abate the penalties and reinstatement charge. The signed reinstatement report and past due \$ 150.00 filling fee is enclosed.

Thank you for considering our abatement request and process the attached reinstatement.

Sincerely,

Yong Qiang Li

President=