PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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I #	RPORATION ISTATEMENT	Se Se	EPARTMENT OF STATE ecretary of State on of corporations	SE	APR 21 AM 9: 43 CRETARY OF STATE	
DOCUMENT #				FAL	LAHASSEE FLORIDA	
1. Corporation Name WESCOM (MIAMI) CORPORATION						
2. Principal Office Address 2804 NW 72nd Avenue		3. Mailing Office	Office Address			
		Suite, Apt. #, etc	#, etc.			
					porated or Qualified iness in Florida 01/27/92	
City & State City & State			5. FEI Numl		· · · · · · · · · · · · · · · · · · ·	
Miami, Florida Zip Zip		Zip	Country	65-0316651 Not Applicable		
33122		Σip	Country .	6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
•	7. Name and Address of Current Registered Agent					
L T	Name Lou, En-Huei					
Street Address (P.O. Box Number is Not Acceptable) 2804 NW 72nd Avenue					· ·	
	Suite, Apt. #, Etc.					
	city Miami				State Zip Code	
				·	FL 33122	
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 REGISTERED AGENT MUST SIGN				,	Digations of section 607.0505 or 617.0503, F.S.	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name of Street Address of Each					
11003	Officers and/or Directors		Officer and/or Director		City / State / Zip	
D	Chen, Yaw	2	2804 NW 72nd Avenue	ادر ی بید ست	Miami, Florida-33122	
D	Lou, En-Huei	2	804 NW 72nd Avenue		Miami, Florida 33122	
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				¥4.4	/UU15316249	
				04/04	/0301045007 **158.75	
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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 shall have the same legal effect as if made under oath.						
SIGNATURE: (305) 591-9214						
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGI	NING OFFICER OR DIRECTOR		Date Daytime Phone #	

g/ 4/21/05

Irwin B. Freund, C.P.A. /PFS Lawrence L. Fisher, C.P.A. Steven A. Young, C.P.A. /PFS Steven Goldston, C.P.A. /PFS Mitchell T. Katz, C.P.A.

Sara D. Jewett, C.P.A.



10729 S.W. 104th Street Killian Professional Village Miami, Florida 33176 (305) 279-1288 Fax (305) 596-1372

3111 University Drive Suite 720 Corel Springs, Florida 33065 (954) 345-8666 Fex (954) 755-3766

Please Reply To:

Miami

March 27, 2003

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: WESCOM (MIAMI) CORPORATION

DOCUMENT #P67000035558

FEI# 65-0316651

Gentlemen:

Enclosed please find completed Corporation reinstatement for the above referenced taxpayer together with check payable to Department of State in the amount of \$150.00. Request is made for an abatement of the \$400.00 late filing penalty.

It is respectfully submitted that taxpayer failure to timely file the annual report and timely pay was due to reasonable cause and not willful neglect. The taxpayer had a change of address and never received the annual Uniform Business Report. Their current address is on the attached form.

Very truly yours,

Leven C. Young

Steven Young

SY/dm

Encl.