PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 FEB -7 AM II: 24
DOCUMENT # V/647/ 1. Corporation Name PAN'S INVESTMENT & TRADE CORPORATION, INC.		SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Office Address /855 NE /63 ST Suite, Apt. #, etc.	3. Mailing Office Address / 855 NE /63 ST. Suite, Apt. #, etc.	REINSTATEMENDOOD 0
City & State NORTH MAMI BEACH, FL Zip Country 33162 MIAMI-DADE	City & State NORTH MAMI BEACH, FL Zip Country 33162 MIAMI-DADE	To Do Business in Florida 2/25/1992
7. Name and Address of Current Registered Agent Name PAN QUING HONT Street Address (P.O. Box Number is Not Acceptable) -02/13/0101108014 -02/13/0101108014 *****900.00 *****900.00 Suite, Apt. #, Etc. City NORTH MIAMI BEACH State State Zip Code FL 33/79		
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		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors -	Street Address of Each Officer and/or Director	
P PENG CHIEN CHUN	G 15893 NW 16 CT.	PEMBLOKE PINES, EL 33028
UP PAN, CHONG	15893 NW 16 CT	
T PAN QUING HONT	122/ NORTH DR.	NORTH MUMI BEACH FL33179
S - PAN, QUING YUK		NORTH MIAMI, FL 33179
	-	
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: Aunta How Pan 2-200 (305)947-6038 ENATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		