DUEASE DEAD ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

PLEASE READ	ALL INSTRUCTIONS BEFORE C	OWFLETING THIS FORW.
CORPORATION, REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	Same of the same o
DOCUMENT # M 83184		10 MAR 19 AH 11: 03
Jointland Development, Inc.		ALL CARREST
		200172649282
2. Principal Office Address - No P.O. Box # Room s 1203 - 8	3. Mailing Office Address 5623 Killian Path	03/19/1001040007 **1000.00
Rooms 1203-8 Suite, Apt. #, etc.	5623 Killian Path Suite, Apt. #, etc.	REINSTATEMENTO O6-10
12th Floor, 77 Des Voeux Rd -		4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida
City & State	City & State	3-23 1700
Central Hong Kong	Wesley Chapel, FL	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country 33543 USA	6. \$8.75 Additional Fee require
China		for a Certificate of Status
7. Name and Address of	Current Registered Agent	
Thomas McCrimmon IV		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
5623 Killian Path Suite, Apt. #, Etc.		are certifying the prior notices were not
5510,7,94.5.		received and requesting the reinstatement fee be waived.
Wesley Chapel State FL 33543		200172649282 03/19/1001040008 **358.75
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 Thomas M Crimm III		Date 3-16-2010
REGISTERED AGENT MUST SIGN		Date
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P/CEO XU Kexi	77 DES VOEUX RO 1203-8, 12+h FLR	
V YI Tung, Alice A	-	
S Thomas McCrimm	on 12 5623 Killian Path	Wesley Chapel, FL 33543
10. E-mail Address: Jobo 27 @ yahoo . com		
(To be used for future annual report notification) 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 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. I further certify, 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: James M Cumum HZ Thomas M C Crimmon 3-16-2010 8/3.907.7222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OIRECTOR Date Daytime Phone #		