


# 2005-FOR PROFIT CORPORATION REINSTATEMENT

182

**DOCUMENT # P02000133748**

1. Entity Name  
**AMERICA BIO-CHEM MEDICINE RESEARCH CENTER, INC.**




**FILED**  
 05 OCT 11 PM 2:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 922 922 LUCERNE TERR  
 ORLANDO, FL 32806

Mailing Address  
 922 922 LUCERNE TERR  
 ORLANDO, FL 32806

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**P. O. BOX 25952**  
 City & State  
**HONOLULU HI**  
 Zip  
**96825** Country  
**U.S.A.**

3. Mailing Address  
 Suite, Apt. #, etc.  
**6466 CHERRY GROVE CIR.**  
 City & State  
**ORLANDO FL**  
 Zip  
**32809** Country  
**USA**



**REINSTATEMENT 04-05**

4. FEI Number  
**03-0500655** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MAO, ELIZA**  
**6466 CHERRY GROVE CIR**  
**ORLANDO, FL 32809**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**400060207684**  
**10/04/05--01010--011 \*\*900.00**  
 City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eliza Mao* **ELIZA MAO** **9/8/05**  
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WU, SHEN</b> <b>922 922 LUCERNE TERR</b> <b>ORLANDO, FL 32806</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YANG, HANK</b> <b>8700 BEVERLY BLVD</b> <b>LA, CA 90048</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WU, SHEN</b> <b>1422 MILOIKI ST.</b> <b>HONOLULU HI 96825</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>YANG, HANK</b> <b>5809 OCEAN TERRANCE DR.</b> <b>RPV CA 90275</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>LIN, ZHU SONG</b> <b>16-6F1 FAR EAST WORLD CENTER</b> <b>79 SEC. 1 HSIN TAI RD. TAIPEI, TAIWAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>HE, JUN KUN</b> <b>9 SIU YIN RD. YEN YUEN HAW TING A 16G</b> <b>CHAO YANG DIST., BEIJING, CHINA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>HUANG, YUNG KWONG ( MAI KE )</b> <b>75 AIR PARK DR.</b> <b>RORKONROMA NY 11779</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZHAO, PING</b> <b>1422 MILOIKI ST.</b> <b>HONOLULU HI 96825</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11; if changed, or on an attachment with an address, with all other like empowered.


SIGNATURE: *Eliza Mao* **9/8/05**

2002

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 ORLANDO, FL 32806**

Mailing Address  
**922 922 LUCERNE TERR  
 ORLANDO, FL 32806**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**P.O. Box 25952**

3. Mailing Address  
 Suite, Apt. #, etc.  
**6466 CHERRY GROVE CIR**

City & State  
**Honolulu HI**

City & State  
**ORLANDO FL**

Zip Country  
**96825 USA**

Zip Country  
**32809 USA**



09082005 REIN-P CR2E098 (6/04)

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Applied For  
 Not Applicable

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 ORLANDO, FL 32809**

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SIGNATURE *Eliza Mao* **ELIZA MAO** **9/8/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YANG, HANK</b> <b>8700 BEVERLY BLVD</b> <b>LA, CA 90048</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>CURTIN, THOMAS</b> <b>7834 LAUREL VIEW DR.</b> <b>MONTDORA FL 32757</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>LEE, PETER</b> <b>926 BEACH BREEZE DR</b> <b>ORLANDO FL 32805</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Eliza Mao* **9/8/05** **407 438 2510**