

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV - 1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800111194378
10/23/07--01017--018 **300.00

DOCUMENT # P03000099817

1. Corporation Name

RUTH CHANG, PA

2. Principal Office Address - No P.O. Box #

10450 S. Turkey Lake Rd
Suite, Apt. #, etc.
691052

3. Mailing Office Address

PO BOX 691052
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32869

Country

Zip

32869

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

54-2124598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RUTH CHANG

Street Address (P.O. Box Number is Not Acceptable) 10450 S TURKEY LAKE RD 691052

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32869

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X Ruth Chang, PA
REGISTERED AGENT MUST SIGN

Date

10/15/07

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	City / State / Zip
P	RUTH CHANG	PO BOX 691052	ORLANDO, FL 32869
VP	JOHN MEDIA	PO BOX 691052	ORLANDO, FL 32869

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 contained in Chapter 119, 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:

X Ruth Chang, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/07

Daytime Phone #

407 - 415-1849

REINSTATEMENT 00-07

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Ruth Chang, P.A.

PO BOX 691052
Orlando, FL 32869

(407) 415-1849
P03000099817

October 11, 2007

To Whom It May Concern,

This letter is to inform you that I never received the Department State Forms for the Annual Report for the years 2005 and 2006, Please waive the penalties. I am inclosing a check for \$300.00. If you have any questions, please do not hesitate to contact me.

Sincerely,

Ruth Chang, President
Ruth Chang, President