2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01292008 REIN-P CR2E098(1/07)

DOCUMENT# P98000048660

1. EntityName
DINGLI,INCORPORATED

PrincipalPlaceofBusiness
4225 WEST LAKE MARY BLVD
LAKE MARY, FL 32746

MailingAddress
4225 WEST LAKE MARY BLVD
LAKE MARY, FL 32746

2. PrincipalPlaceofBusiness - No P.O. Box#

Suite,Apt.#,etc.

City&State

Zip | Country

3. MailingAddress

Suite,Apt.#,etc.

City&State

Zip | Country

4. FEINumber
59-3511873
☒ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

HUANG,BAOQ
4225WESTLAKEMARYBLVD
LAKEMARY,FL32746

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $300.00

Inaccordancewiths.607.193(2)(b),F.S.,the corporationdidnotreceivethepriornotice.

10. OFFICERSANDDIRECTORS

TITLE	P	☐ Delete
NAME	HUANG,BAOQ	
STREETADDRESS	172-174WESTSTATEROAD434	
CITY-ST-ZIP	WINTERSPRINGS,FL32708	
TITLE	S	☐ Delete
NAME	LIU,XIUZHU	
STREETADDRESS	172-174WESTSTATEROAD434	
CITY-ST-ZIP	WINTERSPRINGS,FL32708	
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11

TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP	700116457477 01/30/08--01033--008 **300.00	
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 07-08

12. Ihereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stat utes. 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; an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Huang Bao Qing 1/29/08 407 321 4886
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#