

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 07 APR -5 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

07 APR -5 PM 2:32

DOCUMENT # 323916

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

CHING INC

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

1036 LIBERTY PARK DR #32  
Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 160993  
Suite, Apt. #, etc.

City &amp; State

AUSTIN, TX

City &amp; State

AUSTIN, TX

Zip

78716-0093

Country

U.S.

Zip

78716-0093

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1967

5. FEI Number

59-1198707

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

TINA M. COVERMAN

Street Address (P.O. Box Number is Not Acceptable)

77 CRANDON BLVD

Suite, Apt. #, Etc.

UNIT #9-E

City

KEY BISCAIYNE

State

FL

Zip Code

33149

☒ 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

Tina M. Coverman

Date

3/27/07

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	City / State / Zip
PRES	TINA M. COVERMAN	1036 LIBERTY PARK DRIVE, #32	AUSTIN, TX 78746

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:

Tina M. Coverman

TINA M. COVERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

(512) 345-1073

Daytime Phone #