

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 OCT 12 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L04000088090					
1. Entity Name ZHONGXIN LTD. CO.					
Principal Place of Business 804 MEDICAL COMMONS CT. TALLAHASSEE, FL 32310			Mailing Address 804 MEDICAL COMMONS CT. TALLAHASSEE, FL 32310		
2. Principal Place of Business 804 MEDICAL COMMONS CT.		3. Mailing Address 804 MEDICAL COMMONS CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number 20-1969884	
Zip 32310		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LU, YING 804 MEDICAL COMMONS CT. TALLAHASSEE, FL 32310			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAI, LIUYUAN 433 YISHAN ROAD SHANGHAI, CHINA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500080954685 10/12/06--01051--016 **50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LU, YING 804 MEDICAL COMMONS CT. TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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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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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			LU, YING		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date OCT 12 2006 350-324-1093		

REINSTATEMENT 2006