2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 04, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L52881

1. Entity Name
JAI RIN TANG, INC.

Principal Place of Business	Mailing Address
~~8386-8388 SW 40 ST~~ ~~MIAMI, FL 33165 US~~	~~8386-8388 SW 40 ST~~ ~~MIAMI, FL 33155 US~~

REINSTATEMENT 05-06
04282006 REIN-P CR2E050 (11/05)

2. Principal Place of Business	3. Mailing Address
9230 SW 40 ST	9230 SW 40 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33165 Country	Zip 33165 Country

4. FEI Number 65-0207730 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIH, WHEI C DR.
~~8386 S.W. 40TH STREET~~ 9230 SW 40 ST
MIAMI, ~~FL 33155~~ MIAMI FL 33165

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	PSTD	☐ Delete
NAME	CHIH, WHEI C DR.	
STREET ADDRESS	~~8386-8388 SW 40 ST~~ ~~9230 SW 40 ST~~	
CITY-ST-ZIP	~~MIAMI, FL 33155~~ ~~MIAMI FL 33165~~	
TITLE	9272 Bird Rd	☐ Delete
NAME	miami, FL 33165	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400075873304 06/06/06--01023--004 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: ______ 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #