


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 12 AM 9:38

DOCUMENT # L89707 1. Entity Name DRAGON VILLAGE OF JACKSONVILLE, INC.					
Principal Place of Business 13853 PLEASANTVIEW DR N JACKSONVILLE, FL 32225		Mailing Address 13853 PLEASANTVIEW DR N JACKSONVILLE, FL 32225			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3028974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		01102005 REIN-P CR2E098 (6/04)			
Not Applicable		6. Name and Address of Current Registered Agent DUNGAN, MAYINN E 13853 PLEASANTVIEW DR N JACKSONVILLE, FL 32225			
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		<i>Mayinn E Dungan</i> Signature, typed or printed name of registered agent and title if applicable		TREASURER (NOTE: Registered Agent signature required when reinstating)	
DATE		Jan 10, 2005			
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENG, JING		NAME		
STREET ADDRESS	1163 PEREGRINE WAY		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENG, JACK P.		NAME		
STREET ADDRESS	8937 BELLE RIVE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNGAN, MAYINN		NAME	800044600468	
STREET ADDRESS	13853 N. PLEASANTVIEW DR		STREET ADDRESS	01/12/05--01009--011 **300.00	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENG, YUK SIN WONG		NAME		
STREET ADDRESS	86937 BELLE RIVA BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENG, BING		NAME		
STREET ADDRESS	3259 SOMERSET TRACE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30067		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		<i>Mayinn E. Dungan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/10/05 904-662-2153 Date Daytime Phone #	

REINSTATEMENT 04-05

