

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

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3028974

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNGAN, MAYINN E
13853 PLEASANTVIEW DR N
JACKSONVILLE, FL 32225

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

Mayinn E. Dungan TREASURER
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Jan 10, 2005
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ENG, JING
STREET ADDRESS 1163 PEREGRINE WAY
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ENG, JACK P.
STREET ADDRESS 8937 BELLE RIVE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DUNGAN, MAYINN
STREET ADDRESS 13853 N. PLEASANTVIEW DR
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ☐ Change ☐ Addition
NAME 800044600468
STREET ADDRESS 01/12/05--01009--011
CITY-ST-ZIP **300.00

TITLE VP ☐ Delete
NAME ENG, YUK SIN WONG
STREET ADDRESS 86937 BELLE RIVA BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ENG, BING
STREET ADDRESS 3259 SOMERSET TRACE
CITY-ST-ZIP MARIETTA, GA 30067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mayinn E. Dungan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

904-662-2153

Daytime Phone #