

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 12 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

L89707

DRAGON VILLAGE of Jacksonville,
INC.

000019839150
05/23/03--01029--022 **1200.00

2. Principal Office Address

13853 PLEASANTVIEW DR. N.

3. Mailing Office Address

SAME

REINSTATEMENT W-03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FLORIDA

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1991

5. FEI Number

59-3028974

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Acknowledgment of the receipt of
a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAYINN E. DUNGAN

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

13853 PLEASANTVIEW DRIVE NORTH

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32225

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of
Registered Agent

Mayinn E. Dungan

REGISTERED AGENT MUST SIGN

Date

05/09/03

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
V-PRES	JACK P. ENG	8937 BELLE RIVE BLVD	JACKSONVILLE, FL 32256
V-PRES	YUK SIN WONG SHIRLEY ENG	8937 BELLE RIVE BLVD	JACKSONVILLE, FL 32256
TREAS	MAYINN DUNGAN	13853 PLEASANTVIEW DR.	JACKSONVILLE, FL 32225
PRES	JING S. ENG	1163 PEREGRINE WAY	WESTON, FL 33327
SEC	BING ENG	3259 SOMERSET TRACE	MARIETTA, GA. 30067

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 under section 119.07(2)(f), 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:

MAYINN E. DUNGAN 05/09/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-564-9900

g/sll