

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
WONDER PORCELAIN GROUP, LLC**

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

17 JAN 10 PM 4:26

DOCUMENT # M1500008019

1. Limited Liability Company's Name Wonder Parcelain Group LLC

2. Principal Office Address - No P.O. Box # 2800 Technology Drive

Suite, Apt., #, etc. Suite 300

City & State Plano, TX

Zip 75074-3767

Country Collin

3. Mailing Office Address

2800 Technology Drive

Suite, Apt., #, etc. Suite 300

City & State Plano, TX

Zip 75074-3767

Country Collin

CR2ED1 (1/14)

4. State/Country of Formation DE/USA

5. Date Organized or Qualified To Do Business in Florida 10/07/2016

6. FEI Number 47-3657458

Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name Capitol Services

Street Address (P.O. Box Number is Not Acceptable) Suite, 165 Office Plaza Drive, Suite A

Apt., #, Etc.

City Tallahassee

State FL

Zip Code 32301

REINSTATEMENT

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

Lo Saechao, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Date 1/10/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Title, Name of Authorized Representative/Manager, Street Address of Each Authorized Representative/Manager, City / State / Zip. Includes Michael S. Kepear, Weiqiang Huang, and Jiaqi Huang.

11. E-mail Address: k.silva@wonderparcelain.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.105, F.S.

Signature of authorized representative/member

[Signature]

Date 01/10/17

Daytime Phone #

972-746-2200

Typed or printed name of signing authorized representative/member

WEIQIANG HUANG

Jan 10 2017 M WILLIAMS



FAX TRANSMITTAL

To:

Date: 01/10/2017 03:02:55 PM

Company: FLORIDA DEPARTMENT OF STATE

Attn: DIVISION OF CORPORATIONS

Fax No: 850-617-6384

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From:

including cover page: 3

Name: Lucky Yang

Email: lyang@capitol-services.com

Fax No: 800-770-1332

Voice No: 800-327-4842

Subject: WONDER PORCELAIN GROUP, LLC
