


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000055736 1. Entity Name JIN HUA, INCORPORATED	
--	---

FILED

09 JAN 29 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Principal Place of Business 12173 SOUTH APOPKA VINELAND ROAD ORLANDO, FL 32836	Mailing Address 12173 SOUTH APOPKA VINELAND ROAD ORLANDO, FL 32836
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 539 N. Mills Ave
--	---

Suite; Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State Orlando, FL
--------------	------------------------------------

Zip	Country	Zip 32803	Country USA
-----	---------	---------------------	-----------------------



01202009 REIN-P CR2E098 (1/07)

4. FEI Number 59-3648218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NI, YI FEI 12173 APOPKA VINELAND RD ORLANDO, FL 32836	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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]* (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P <input type="checkbox"/> Delete NI, YI FEI	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500142418435
STREET ADDRESS	12173 SOUTH APOPKA VINELAND ROAD	STREET ADDRESS	01/29/09--01046--010 **300.00
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* **YI FEI NI** 1/25/09 (407) 238-9198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #