

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091434

1. Corporation Name

SPRINGWIN DEVELOP, INC

2. Principal Office Address

9790 Royal Palm Blvd

3. Mailing Office Address

9790 Royal Palm Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

US

Zip

33065

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/01

5. FEI Number

20-0769911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONG, Zhen Chun

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

9790 Royal Palm Blvd

Suite, Apt. #, Etc.

Coral Springs, FL 33065

City

Coral Springs

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

02/24/04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-------------------------|
| D | Dong, Zhen Chun | 9790 Royal Palm Blvd | Coral Spring,s FL 33065 |
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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(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/24/04

Daytime Phone #

CR2E081 (01/04)

SPRINGWIN DEVELOP, INC
9790 Royal Palm Blvd
Coral Springs, Fl 33065
Telephone: 954-255-7621

February 24, 2004

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, Fl 32314

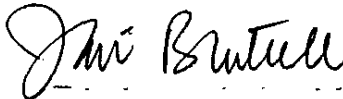
Re: Po1000091434 Reinstatement

Please find enclosed Corporation Reinstatement for our Corporation.

We have moved during 2002, therefore, we did not receive any Annual Uniform Business Reports. We just realized that we have not filed for 2003. Please accept the attached check in the amount of \$300.00 for 2003 and 2004 filing fees.

Your consideration is greatly appreciated.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet Bruttell".

Janet Bruttell, EA
Accountant