

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000102828

1. Entity Name
AMERICA MANAGEMENT GROUP, INC.



FILED

2006 NOV -6 PM 3-23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8843 LARWIN LN
ORLANDO, FL 32817

Mailing Address
8843 LARWIN LN
ORLANDO, FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10172006 REIN-P CR2E098 (11/05)

4. FEI Number
59-3753140

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHOW, CHING
5449 S. SEMORAN BLVD., STE. 220
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name Chow, Ching
Street Address (P.O. Box Number is Not Acceptable)
8843 Larwin Ln
City Orlando FL Zip Code 32817

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 X Ching Chow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	BELL, TAMARA	
STREET ADDRESS	3016 SARATOGA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	PC	<input type="checkbox"/> Delete
NAME	HUANG, CHENG-HAO	
STREET ADDRESS	8843 LARWIN LANE	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KUO, I-KU (JOEY)	
STREET ADDRESS	9074 LA LINDA AVE	
CITY-ST-ZIP	FOUNTAIN VALLEY, CA 92708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500081029365
CITY-ST-ZIP	10/19/06--01041--002 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: X Ching Chow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHENG HAO HUANG

10/16/06

13 11/06/06
REINSTATEMENT