

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000074423

1. Entity Name
INTERNATIONAL CHINESE INVESTMENT GROUP, INC.



FILED

06 AUG -4 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3270 E 11TH AVE
HIALEAH, FL 33013

Mailing Address
3270 E 11TH AVE
HIALEAH, FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 05-06
07312006 REIN:PA CR2E098 (11/05)

4. FEI Number
56-2281156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUI, WAI C
3251 E 11 AVE
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name

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

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUI, WAI CHIU
STREET ADDRESS 3270 E 11 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE D ☐ Delete
NAME TAM, LI SHANG
STREET ADDRESS 3270 E 11 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE COB ☒ Delete
NAME MUY, FERNANDO C
STREET ADDRESS 3220 E 11 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE T ☐ Delete
NAME TAM, SHUCK N
STREET ADDRESS 3270 E 11 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE S ☐ Delete
NAME KWAN, WAN F
STREET ADDRESS 3270 E 11 AVE
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300078730673
08/15/06-01042-019 ***300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/31/06

Date

Daytime Phone #