


# 2005-FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000133748					
1. Entity Name AMERICA BIO-CHEM MEDICINE RESEARCH CENTER, INC.					
Principal Place of Business 922 922 LUCERNE TERR ORLANDO, FL 32806			Mailing Address 922 922 LUCERNE TERR ORLANDO, FL 32806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. P.O. BOX 25952		Suite, Apt. #, etc. 6466 CHERRY GROVE CIR.			
City & State HONOLULU HI		City & State ORLANDO FL			
Zip 96825		Country U.S.A.		Zip 32809	
				Country USA	
4. FEI Number 03-0500655			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  MAO, ELIZA 6466 CHERRY GROVE CIR ORLANDO, FL 32809			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 400060207684 10/04/05--01010--011 **900.00 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 <u>Eliza Mao</u> ELIZA MAO 9/8/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WU, SHEN 922 922 LUCERNE TERR ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WU, SHEN 1422 MILOIKI ST. HONOLULU HI 96825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YANG, HANK 8700 BEVERLY BLVD LA, CA 90048	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YANG, HANK 5809 OCEAN TERRANCE DR. RPTV CA 90275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M LIN, ZHU SONG 16-6FI FAR EAST WORLD CENTER 79 SEC. 1 HSIN TAI RD. TAIPEI, TAIWAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M HE, JUN KUN 9 SHU YIN RD. YEN YUEN HAW TING A 16G CHAO YANG DIST., BEIJING, CHINA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M HUANG, YUNG KWONG (MAI KE) 75 AIR PARK DR. ROCKONROMA NY 11779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZHAO, PING 1422 MILOIKI ST. HONOLULU HI 96825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eliza Mao

9/8/05


FILED  
05 OCT 11 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

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2052

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. Box 25952		Suite, Apt. #, etc. 6466 CHERRY GROVE CIR	
City & State Honolulu HI		City & State ORLANDO FL	
Zip 96825	Country USA	Zip 32809	Country USA



09082005 REIN-P CR2E098 (6/04)

4. FEI Number 03-0500655	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MAO, ELIZA 6466 CHERRY GROVE CIR ORLANDO, FL 32809	

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 Eliza Mao ELIZA MAO 9/8/05  
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, 2006, Fee will be \$300.00**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WU, SHEN 922 922 LUCERNE TERR ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/M MAO, ELIZA 6466 CHERRY GROVE CIR ORLANDO FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANG, HANK 8700 BEVERLY BLVD LA, CA 90048 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CURTIN, THOMAS 7834 LAUREL VIEW DR. MONTDORA FL 32757 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LEE, PETER 926 BEACH BREEZE DR ORLANDO FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Eliza Mao

9/8/05 407 438 2510