

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000011683

1. Entity Name
HING YIP INTERNATIONAL, INC.

Principal Place of Business
**16210 SAGEBRUSH RD
TAMPA, FL 33618**

Mailing Address
**16210 SAGEBRUSH RD
TAMPA, FL 33618**

2. Principal Place of Business
20727 Riverforest Dr
Suite, Apt. #, etc.

3. Mailing Address
20727 Riverforest Dr
Suite, Apt. #, etc.



REINSTATEMENT

05

City & State
Land O'Lakes, FL
Zip
34638 Country
USA

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Land O'Lakes, FL
Zip
34638 Country
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4. FEI Number
45-0499412 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAN, ERIC
16210 SAGEBRUSH RD
TAMPA, FL 33618

Please change address.

Name
MAN, ERIC
Street Address (P.O. Box Number is Not Acceptable)
20727 Riverforest Dr
City
Land O'Lakes, FL Zip Code
34638

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]

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

(NOTE: Registered Agent signature required when reinstating)

11/28/05

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.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDS	MAN, ERIC	16210 SAGEBRUSH RD	TAMPA, FL 33618	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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11/17/05--01045--019 **150.00

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: *[Signature]*

Date: **11/25/05**

B. Mitchell NOV. 29 2005
Daytime phone number: **813-929-8919**