

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUN 23 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000027621

1. Entity Name
VONLYN USA, INC.



Principal Place of Business Mailing Address
201 PARK PLACE 215 NORTH WESTMONT DRIVE POB 940456
SUITE 205 DRIVE MAITLAND, FL 32794-0456
ALTAMONTE SPRINGS, FL 32707 32714



2. Principal Place of Business 3. Mailing Address
215 NORTH WESTMONT DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

03212006 REIN-P CR2E098 (11/05)

City & State City & State
ALTAMONTE SPRINGS, FL
Zip Country Zip Country
32714 SEMINOLE CO.

4. FEI Number Applied For
20-1034283 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, YVONNE
POB 940456
MAITLAND, FL 32794-0456
108 WATER OAK LANE
ALTAMONTE SPRINGS, FLORIDA 32714

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 \$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 P,D ☐ Delete
NAME DAVID, YVONNE
STREET ADDRESS POB 0456 940456
CITY-ST-ZIP MAITLAND, FL 32794-0456

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300076724023
STREET ADDRESS 06/29/06--01052--005 **300.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: David
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2006 (407) 788-6774
Date Daytime Phone #

David Resubmitted June 18, 2006 (407) 788-6774