

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000032836

1. Entity Name
FEI YI INC.



05 JUL 11 PM 4:21

RECEIVED
STATE OF FLORIDA

Principal Place of Business
CRYSTAL BEACH PLAZA
34904 EMERALD COAST PKWY STE 102
DESTIN, FL 32541

Mailing Address
CRYSTAL BEACH PLAZA
34904 EMERALD COAST PKWY STE 102
DESTIN, FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
FEI Number
20-0019644

CR2E098 (6/04)

04-05

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

WANG, YAN FEI
CRYSTAL BEACH PLAZA
34904 EMERALD COAST PKWY STE 102
DESTIN, FL 32541

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPVS
WANG, YAN FEI
34904 EMERALD COAST PKWY STE 102
DESTIN, FL 32541

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TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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WANG, YAN FEI
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #