

2005 FOR PROFIT CORPORATION REINSTATEMENT

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05 SEP 23 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000057848					
1. Entity Name GOLDEN KINGDOM, INC.					
Principal Place of Business 4158 NW 132 ST. MIAMI, FL 33054			Mailing Address 4158 NW 132 ST. MIAMI, FL 33054		
2. Principal Place of Business 13352 LESTUNE ROAD		3. Mailing Address 18999 BISCAYNE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 205			
City & State OPA LOCKA, FL		City & State AVENTURA, FL		4. FEI Number 06-1697037	
Zip 33054	Country USA	Zip 33180	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MING, LIN 4158 NW 132 ST. MIAMI, FL 33054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13352 LESTUNE ROAD City OPA LOCKA FL Zip Code 33054		
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: <i>X Ming Lin</i> DATE: 9/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MING, LIN 4158 NW 132 ST. MIAMI, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100059901211 09/23/05--01052--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIN, GUO QUAN 4158 NW 132 STREET MIAMI, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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	
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: <i>X Ming Lin</i>			9/21/05 305-933-9515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		