
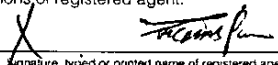



Page 1 of 2

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000110655					
1. Entity Name POON'S CONSTRUCTION, INC.					
Principal Place of Business 620 E COLONIAL DRIVE ORLANDO, FL 32803 US			Mailing Address 539 N MILLS AVE ORLANDO, FL 32803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4266960	
				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 POON, TAK MING 620 E COLONIAL DRIVE ORLANDO, FL 32803				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  (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete		TITLE	Change Addition
NAME	POON, TAK MING			NAME	
STREET ADDRESS	620 E COLONIAL DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803			CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

06 APR 24 PM 1:05

04/20/05 90328 011 150,00



04172006 REIN-P CR2E098 (11/05)

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05/03/06--01030--014 **150.00

Properly

Poon's Construction, INC.
620 E COLONIAL DRIVE
ORLANDO FL 32803

April 19, 2006

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: 2005 ANNUAL REPORT

DOCUMENT NUMBER:-P03000110655

Dear Sir or Madam,

We refer to the above matter. Please note that we did not receive the correction letter for filing 2005 Annual Report due to post office fail delivery. The 2005 annual fee is already in state position in April 2005. Please waive \$150 annual fee for 2005 in this year. Enclosed please find the check of \$150 for 2006 annual report filing fees, and reinstatement form. It would be highly appreciated if you could kindly help.

Thank you.

Yours truly,


TAK MINH POON / President