


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

|                                      |  |   |
|--------------------------------------|--|---|
| DOCUMENT # P04000031904              |  |  |
| 1. Entity Name<br>CHENG & KWOK, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>103400 OVERSEAS HWY STE 114<br>KEY LARGO, FL 33037 | Mailing Address<br>103400 OVERSEAS HWY STE 114<br>KEY LARGO, FL 33037 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |
| Zip          | Country      |

**FILED**  
**09 FEB -9 AM 9:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



01232009 REIN-P CR2E098 (1/07)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-0765770                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>CHENG, WAI<br>11 CORRINE PLACE<br>KEY LARGO, FL 33037 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
|--|---|

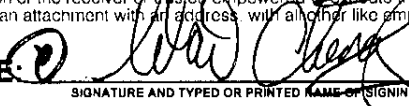
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                    |  |
|------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$300.00</b> | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHUNG, CHENG<br>103400 OVERSEAS HWY STE 114<br>KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500143178585<br>02/09/09--01047--017 **300.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KWOK, CHUN B<br>103400 OVERSEAS HWY STE 114<br>KEY LARGO, FL 33037 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>REINSTATEMENT 08-09                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CHENG, WAI<br>103400 OVERSEAS HWY STE 114<br>KEY LARGO, FL 33037 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>JL 2/12                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>XU, JING XIU<br>103400 OVERSEAS HWY # 114<br>KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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**  **DATE** 1/30/09 **DAYTIME PHONE** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR