

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000094663

1. Corporation Name

MING YUAN CANTON INC.

2. Principal Office Address - No P.O. Box #

120 SEBRING SQUARE

Suite, Apt. #, etc.

U.S. 27 N

City & State

SEBRING, FL

Zip

33870

Country

USA

3. Mailing Office Address

120 SEBRING SQUARE

Suite, Apt. #, etc.

U.S. 27 N

City & State

SEBRING, FL

Zip

33870

Country

USA

7. Name and Address of Current Registered Agent

Name

CHENG, JIN SHAN

Street Address (P.O. Box Number is Not Acceptable)

120 SEBRING SQUARE

Suite, Apt. #, Etc.

U.S. 27 N

City

SEBRING

State

FL

Zip Code

33870

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jin Shan Cheng

Date **6/19/2009**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JIN SHAN CHENG	120 SEBRING SQUARE, U.S. 27 N	SEBRING / FL / 33870

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jin Shan Cheng

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/19/2009**

Daytime Phone # **863-386-1924**

FILED
09 JUN 24 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E681 (12/08)

05-09

**4. Date Incorporated or Qualified
To Do Business in Florida** **6/21/2004**

5. FEI Number
20-1302822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

000157697060
06/24/09-01037-009 **750.00

7/20