

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 16 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000098441

1. Corporation Name

Choy International Gem Inc.

400163671344
12/16/09--01028--013 **1358.75
CR2E081 (11/09)

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

1190 Legendary Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1190 Legendary Blvd.

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont FL

Zip

34711

Country

Zip

34711

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06-29-2004

5. FEI Number
201408746

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.

7. Name and Address of Current Registered Agent

Name

Kam Tang Yung

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

1190 Legendary Blvd.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Date 12-07-2009

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
D	Kam Tang yung	1190 Legendary Blvd.	Clermont, FL34711

REINSTATEMENT PH

10. E-mail Address: choyinternational@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-07-2009

Date

305-9950575

Daytime Phone #