

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 22 PM 3:46

DOCUMENT # P05000128099

1. Entity Name
QUOC LING, INC.



Principal Place of Business 455 S. CYPRESS RD. POMPANO BEACH, FL 33060	Mailing Address 455 S. CYPRESS RD. POMPANO BEACH, FL 33060
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT
06-07



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2172007 REIN-P CR2E098 (1/07)

City & State	City & State
Zip	Country

4. FEI Number 20-4443660	Applied For Not Applicable
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6. Name and Address of Current Registered Agent TAO, QUOC 455 S. CYPRESS RD. POMPANO BEACH, FL 33060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Margaret 2/18/07
Signature, typed or printed name of registered agent and title if applicable. (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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAO, QUOC			NAME			
STREET ADDRESS	455 S. CYPRESS RD.			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33060			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BONARTO, MARGARETHA L			NAME			
STREET ADDRESS	455 S. CYPRESS RD.			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33060			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

200092219512

03/12/07--01015--006 **300.00

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: Margaret 2/18/07 954 934-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #