


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000128099		
1. Entity Name QUOC LING, INC.		

FILED

07 FEB 22 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT  
06-07



Principal Place of Business 455 S. CYPRESS RD. POMPAÑO BEACH, FL 33060	Mailing Address 455 S. CYPRESS RD. POMPAÑO BEACH, FL 33060
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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

2172007 REIN-P CR2E098 (1/07)

4. FEI Number 20-4443660	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAO, QUOC 455 S. CYPRESS RD. POMPAÑO BEACH, FL 33060		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 Margarete DATE 2/18/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAO, QUOC 455 S. CYPRESS RD. POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONARTO, MARGARETHA L 455 S. CYPRESS RD. POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Margarete DATE 2/18/07 DAYTIME PHONE # 954-934-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR