

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 31 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000051994

1. Corporation Name

YANG XIONG, INC.

W09-33161

600158592046
07/16/09--01043--009 **450.00

REINSTATEMENT 07-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
2217 OLYMPIA FIELDS ST

3. Mailing Office Address
2217 OLYMPIA FIELDS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MASCOTTE FL

City & State
MASCOTTE FL

Zip
34753

Country
USA

Zip
34753

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/12/2006

5. FEI Number
204692044

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ALL FLORIDA FIRM INC

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

Suite, Apt. #, Etc.
STE A

City
DELTONA

State
FL

Zip Code
32725

☒ 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.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

7-29-09
7-27-09

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	YANG XIONG	2217 OLYMPIA FIELDS ST	MACOTTE, FL 34753

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-09