PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

APPLICATION FOR 1996 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072753

1. Corporation Name
Jack Lin Qigong academy USA inc
9100 S. Dadeland Blvd 704
miami, FL 33156

Principal Place of Business , Mailing Address

page 1 of 2

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	9100 S. Dadeland Blvd Suite, Apt. #, etc. 704
City & State	City & State miami FL.
Zip / Country	Zip 33156 / Country USA.

4. Date Incorporated or Qualified To Do Business in Florida: 10-04-1994

5. FEI Number: 65-0553679 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Juen, Jack L	9100 S. Dadeland Blvd 704	miami FL 33156
TD	Lin FIONA.	9100 S. Dadeland Blvd 704	miami FL 33156

900002014659--4
-11/26/96--01111--008
*****225.00 *****225.00

REINSTATEMENT 1996

1122-4
900002014659--4
-11/26/96--01111--008
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Xiomara Lee
Street Address (P.O. Box Number is Not Acceptable): 9100 S. Dadeland Blvd
Suite, Apt. #, Etc.: 704
City: miami State: FL Zip Code: 33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Xiomara Lee Date: 11-19-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Original Signature attached (Jack Lin) 305-670-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #