

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 30 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000091589

1. Corporation Name

TIAN YI PERFORMING ARTS, INC.

2. Principal Office Address

4154 CORSAIR AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip

34741

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/01/1995

5. FEI Number

59-3355241

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

TONGKU ZHAO

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

4154 CORSAIR AVE.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 of the Florida Statutes.

**Signature of
Registered Agent**

Tongku Zhao

REGISTERED AGENT MUST SIGN

***1358723/2000 1358.75
Date

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/P	TONGKU ZHAO	4154 CORSAIR AVE.	KISSIMMEE, FL 34741

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 under section 119.07(3)(i), 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:

Tongku Zhao

TONGKU ZHAO

08/23/2000 (407) 518-6273

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #