PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	- LLA	SE NEAD /	ALL INST	1100110	JING	DEI OILE	—	- 1110	TITIO I CIXIVI	•		
* * * * * * * * * * * * * * * * * * * *	CORPORATION			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED •9 APR 28 AM 11: 05				
DOCUMENT # P96000006512 1. Corporation Name EDDIE & MING INVESTMENT, INC.								SECRETARY OF STATE TABLIANASSEE, PLORIDA				
2. Principal Office Add 2551 SW Grap Suite, Apt. #, etc.	3. Mailing Office Address 2551 SW Grapevine Parkway Suite, Apt. #, etc.				4. Date In	500153339795 04/28/0901040014 **1350.00 REINSTATEMEN 57-09 4. Date Incorporated or Qualified To Do Business in Florida 01/17/1996						
City & State Grapevine, TX	City & State Grapevine, TX				5. FEI No. 65-069		Florida U1/17	Ap	oplied For			
Zip 76051	Country USA		Zip 76051		Country USA		6.					
7. Name and Address of Current Regist Name Tienhsiang E. Wang Street Address (P.O. Box Number is Not Acceptable) 8148 N.W. 74 AVENUE Suite, Apt. #, Etc. City Medley					State Zip Code 33166			☐ 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 Signature of Registered Agent	the registere	en (ve named corpo	/~		with and accept the	obligations of		.0505 or 617.0503, F.	S.		
9. Names and Stree	Addresses	of Each Officer and	d/or Director (Flo	rida nonprofi	t corpo	orations must list at	least 3 director	rs)	_			
Titles	Name of Officers and/or Directors				S	treet Address of Ea	sch ttor		City / St	tate / Zip		
P Tienhs	Tienhsiang E. Wang				W G	rapevine Park	way	Gra	Grapevine / TX / 76051			

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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/16/2009

817-251-7802

Date

Daytime Phone #