請在 4 月 30 號前 繳交公司年報給佛州政府，因為您去年沒有繳錢，所以今年要交$300。

有任何問題請隨時與我們聯絡，謝謝。

Sarah

FILED

2007 MAY -4 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000079501

1. Entity Name
TOP CHINA, INC.

Principal Place of Business	Mailing Address
2525 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	2525 E. HILLSBOROUGH AVENUE TAMPA, FL 33610

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	559 N. MILLS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32803 / Country: USA

04212007 REIN-P CR2E098 (1/07)

4. FEI Number: 59-3536027 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WONG, ZONGHUA
2525 E HILLSBOROUGH AVE.
#157
TAMPA, FL 33610

7. Name and Address of New Registered Agent

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: X Zong Hua Wang

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	D	Delete
NAME	WANG, ZONGHUA	
STREET ADDRESS	2526 E. HILLSBOROUGH AVE #157	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change / Addition

12. I hereby certify that the information supplied with this filing does not qualify for the [illegible] 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 all other like empowered.

SIGNATURE: X Zong Hua Wang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

700103238097 5/14
05/25/07--01010--004 **300.00