

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 18 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097266

1. Corporation Name

WP Medical Technologies, Inc.

2. Principal Office Address

1512 NW 157 Ave

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

U.S.A.

3. Mailing Office Address

1512 NW 157 Ave

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

U.S.A.

REINSTATEMENT 99.06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1998

5. FEI Number

65-0933791

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

Yuee Zhang

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

1512 NW 157 Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code

33028

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 09/10/2006

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
Pres.	Yuee Zhang	1512 NW 157 Ave	Pembroke Pines, FL 33028

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09/28/06--01063--010 **1808.75

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/10/2006

Daytime Phone #

954-447-4233