

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000065346

00 DEC -8 PM 4:49

1. Corporation Name

BEIJING CORPORATION

Principal Place of Business

Mailing Address

1575 PINE ALLEN RD.
KISSIMEE FL 34744

1575 PINE ALLEN RD.
KISSIMEE FL 34744



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3640388

Not Applicable

Zip 32804 Country U.S.A

Zip 32804 Country U.S.A

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	LIU, ZI YI	929 W. Colonial Dr	ORLANDO, FL 32804
VD	XIE, MIN	929 W. COLONIAL DR	ORLANDO, FL 32804
MD	WANG, XUE-MEI (MAY)	929 W. COLONIAL DR	ORLANDO, FL 32804

200003506272--6
-12/19/00--01093--001
****750.00 ****750.00

11/2/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, PRABODH C ESQ.
815 ORIENTA AVE., SUITE SIX
ALTAMONTE SPRINGS FL 32701

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ORLANDO

FL

32804

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/8/00

11. 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.

ZI TI LIU

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 8391333

CR2E040 (8/00)