

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 10: 51

REINSTATEMENT 06



09212006 REIN-P CR2E098 (11/05)

DOCUMENT # P99000109701	
1. Entity Name RAMPO INTERNATIONAL (USA), INC.	
Principal Place of Business 1336 N. MARCY DRIVE LONGWOOD, FL 32750	Mailing Address 1336 N. MARCY DRIVE LONGWOOD, FL 32750
2. Principal Place of Business 650 Durango Way Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Altamonte Spgs FL 32714	City & State
Zip	Country

6. Name and Address of Current Registered Agent REN, YUQIN 1336 N MARCY DRIVE LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name: Ren, Yuqin Street Address (P.O. Box Number is Not Acceptable) 650 Durango Way Altamonte Spgs FL Zip Code 32714
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 9/14/06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REN, YUQIN 1336 N. MARCY DRIVE LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	650 Durango Way Altamonte Spgs. FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600082322116 12/06/06--01038--016 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06
Date Daytime Phone #