

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G 79654**

1. Corporation Name **OUY LIN, INC.**

Principal Place of Business

**220 West Tennessee St.
Tallahassee, Florida 32301**

Mailing Address

**220 West Tennessee St.
Tallahassee, FL 32301**

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

2. New Principal Office Address, If Applicable

Same

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/84

5. FEI Number

59-1434612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

93-98

AD

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	CHAK YAN CHOW	1825 Wales Drive	Tallahassee, FL 32303
S/T/D	LYNNE WU CHOW	1825 Wales Drive	Tallahassee, FL 32303

800002414078--4
01/28/98-01024-003
*****1500.00 ***1500.00**

8. Name and Address of Current Registered Agent

**CHAK YAN CHOW
1825 WALES DRIVE
TALLAHASSEE, FLORIDA 32303**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Chak Yan Chow

REGISTERED AGENT MUST SIGN

Date

1/21/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

Chak Yan Chow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Chak Yan Chow

21
1/16/98
Date

(850) 222-0876
Daytime Phone #

CR2040 (12/96)