PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 19 AM 9:04

DOCUMENT # K28572

1. Corporation Name
FORBIDDEN CITY, INC.

Principal Place of Business	Mailing Address
~~1717 NORTH BAYSHORE DRIVE~~ ~~SUITE 105-108~~ ~~MIAMI BEACH FL 33132~~	~~1717 NORTH BAYSHORE DRIVE~~ ~~SUITE 105-108~~ ~~MIAMI BEACH FL 33132~~

REINSTATEMENT 97

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
2070 NE 121 Road	Suite, Apt. #, etc. 2070 NE 121 Road
Suite, Apt. #, etc. Miami FL 33181	City & State Miami FL 33181
City & State	Zip 33181 Country U.S.A.
Zip 33181 Country U.S.A.	

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1988

5. FEI Number: 65-0172640 ☐ Applied For ☐ Not Applicable

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) 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
PD	HA, BOB H.	~~1717 N. BAYSHORE DR.~~ 2070 NE 121 Road	MIAMI FL
SD	WAN, CHEUNG	~~1717 N. BAYSHORE DR.~~ 2070 NE 121 Road	MIAMI FL
V	HA, WANDA	~~1717 BAYSHORE DR~~ 2070 NE 121 Road	MIAMI FL

000002353390--4
-11/20/97--01094--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HA, BOB H. ~~1717 NORTH BAYSHORE DRIVE~~ 2070 NE 121 Road ~~MIAMI FL 33132~~ Miami, FL 33181	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/97)

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 Bob Ha Date 11-14-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Bob Ha 11/14/97 (305) 372-9509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #