

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 DEC 22 PM 12:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000072542**

1. Corporation Name
FU HOA, INC.

Principal Place of Business 3554 FRUITVILLE ROAD SARASOTA FL 33580	Mailing Address 3554 FRUITVILLE ROAD SARASOTA FL 33580
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REINSTATEMENT 98

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 08/20/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0775844
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LAN, DA XING	3554 FRUITVILLE ROAD	SARASOTA FL 33580
D	LU, HONG ZHONG	3554 FRUITVILLE ROAD	SARASOTA FL 33580
D	LU, MIN ZHONG	3554 FRUITVILLE ROAD	SARASOTA FL 33580
D	LU, HONG HUA	3554 FRUITVILLE ROAD	SARASOTA FL 33580
D	LU, TONG Z.	3554 FRUITVILLE ROAD	SARASOTA FL 33580

07/12/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUI, WANDA
 3639 CORTEZ ROAD WEST
 SUITE 120
 BRADENTON FL 34210

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **800002725698-3**
 City State Zip
FL 33580

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]* **SIGNATURE REQUIRED** Date 12/21/98
 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: *[Signature]* **SIGNATURE REQUIRED** Date 11-17-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)