

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 OCT 17 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DOCUMENT # **V44910**

1. Corporation Name  
Jade House of Lighthouse Point, Inc.  
W97-22899

Principal Place of Business Mailing Address  
22620 Blue Fin Trail Same  
Boca Raton, Florida 33428  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida July 19, 1992

5. FEI Number 65-0340743 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)

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
P/D	Helen Cheng, Pres./Director	23213 OLD INLET BRIDGE DR	Boca Raton, FL 33433
VP/D	Rita Wu, Vice Pres./Director	4925 COCONUT CREEK COCONUT CK	FL 33063
S/D	Tina Cheng, Sec./Director	23213 OLD INLET BRIDGE DR	Boca Raton, FL 33433

**REINSTATEMENT**

94-97  
10/17/97

8. Name and Address of Current Registered Agent  
John Lam  
22620 Blue Fin Trail  
Boca Raton, FL 33428

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number) 10000 325381 -- 7  
-10/21/97--01030--001  
Suite, Apt. #, Etc. \*\*\*1253.75 \*\*\*1253.75  
City State Zip Code  
FL

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 John Lam JOHN LAM Date 10-15-97  
REGISTERED AGENT MUST SIGN

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: X Tina Cheng TINA CHENG 10-03-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
(954-968-5766)

CR2E040 (12/96)