

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAY -6 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16342

1. Corporation Name

Asian American Chamber of Commerce, Inc.

2. Principal Office Address

6200 S. Orange Ave.

Suite, Apt. #, etc.

Ste. 2300

City & State

Orlando, FL

Zip

32802

Country

USA

3. Mailing Office Address

P.O. Box 1584

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32802

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/1986

5. FEI Number

59-3217297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cecilia Farnier

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

1400 W. Fairbanks Ave.

Suite, Apt. #, Etc.

102

City

Winter Park

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Cecilia Farnier

Date

4/29/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Robert C. Yee	200 S. Orange Ave. Ste. 2300	Orlando, FL 32802
SD	Laura Skaggs	610 Westlake Cr.	Longwood, FL 32750
TD	Cecilia Farnier	1400 W. Fairbanks Ave.	Winter Park, FL 32789
D	Lyndon Modomo	1026 Duncraven Dr.	Winter Park, FL 32792
D	Michael Wright	8623 Commodity Cr.	Orlando, FL 32819
D	Anthony Wong	5401 Alhambra Dr.	Orlando, FL 32808

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

407-629-1944

Daytime Phone #