

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC -6 PM 12:51

DOCUMENT # 246614

1. Corporation Name

THE CHONG CORPORATION

Principal Place of Business

Mailing Address

3820 NAVY BLVD.

~~P.O. BOX 4461~~

~~WARRINGTON FL 32507~~

3820 NAVY BLVD.

~~P.O. BOX 4461~~

~~WARRINGTON FL 32507~~

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

04/17/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3820 NAVY BLVD

3820 NAVY BLVD

PENSACOLA FL

PENSACOLA FL

Zip 32507 Country USA

Zip 32507 Country USA

5. FEI Number

59-0969888

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	4 City / State / Zip
P	CHONG, WING	3820 NAVY BLVD	PENSACOLA FL
VP	CHONG, NUTHI	3820 NAVY BLVD	PENSACOLA FL
S	CHONG, NUTHI	3820 NAVY BLVD	PENSACOLA FL
T	CHONG, WING	3820 NAVY BLVD	PENSACOLA FL
600003499816--5 -12/13/00--01072--013 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHONG, WING  
3820 NAVY BLVD.  
~~P.O. BOX 4461~~  
PENSACOLA FL 32507

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

REGISTERED AGENT MUST SIGN

Date 12-4-00

11. 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)(l), 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

WING CHONG - P

Date

Daytime Phone #

12-4-00 850-455-0995

CR2ED40 (8/00)