

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 415943

1. Corporation Name

CHANS ENTERPRISES INC.
7232 Coolidge Road
Fort Myers, Florida 33912

2. Principal Office Address

Chans Enterprises Inc

3. Mailing Office Address

Chans Enterprises Inc.

Suite, Apt. #, etc.

7232 Coolidge Rd

Suite, Apt. #, etc.

7232 Coolidge Rd.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

Lee

Zip

33912

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1973

5. FEI Number

591473561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Gene Moore, Lawyer

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

639 E Ocean Avenue

Suite, Apt. #, Etc.

Suite 409

City

Boynton Beach

State

FL

Zip Code

33435

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

Gene Moore

REGISTERED AGENT MUST SIGN

Date 11/18/04

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
P&D	Sek Kwan Chin	7232 Coolidge Rd.	Ft Myers, FL 33912
VP&D	Choi Kwan Chin	7232 Coolidge Rd.	Ft Myers, FL 33912
D.S	Yee Wan Chin	7232 Coolidge Rd.	Ft Myers, FL 33912
D.	Gene Moore	639 E Ocean Ave. #409	Boynton Beach; FL 33435
			800042899998 11/19/04--01043--011 **1208.75

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

Gene Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/04

561 734-2424

Daytime Phone #

CR2E001 (01/04)