

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATE
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 49 45 38

1. Corporation Name

RICHARD AND EARL CHEN YIN, INC.
D/B/A FIBER IMPLANTS

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

10496 SW 187th Terr.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1147921

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

ALWIN

AWON

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

20561 SW 122nd Pl.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

ALWIN AWON

Date FEB. 16/2010

REGISTERED AGENT MUST SIGN

FOR ALWIN & SHARON AWON

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
President	ALWIN J. AWON	20561 SW 122 nd Pl.	MIAMI, FL 33177
Vice President	SHARON M. AWON	20561 SW 122 nd Pl.	MIAMI, FL 33177

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02-11-10 01032 011 \$1,050.00

22/19

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 contained in Chapter 119, 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]

ALWIN J. AWON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2010

Date

(305) 255-0044

Daytime Phone #