

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 13 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F 77735**

1. Corporation Name

BONNIE Y. MA, P.A.

2. Principal Office Address  
11764 W. SAMPLE RD.

3. Mailing Office Address  
11764 W. SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

SUITE 101

City & State

City & State

CORAL SPRINGS

CORAL SPRINGS

Zip

Country

Zip

Country

33065

USA

33065

USA

4. Date Incorporated or Qualified  
To Do Business in Florida **4/26/1982**

5. FEI Number **59-2183816**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-09

**7. Name and Address of Current Registered Agent**

Name

BONNIE Y. LAU

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

1729 VESTAL DR.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State  
**FL**

Zip Code

33071

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

Date **4/7/2004**

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
P	LUN SING CHAN	5337 NW 125TH AVE.	CORAL SPRINGS, FL 33076
VP	BONNIE Y. LAU	1729 VESTAL DR.	CORAL SPRINGS, FL 33071
S	MEI FONG CHANG	5337 NW 125TH AVE.	CORAL SPRINGS, FL 33076

100032620441  
04/13/04 01091--007 \*\*300.00

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:

4/7/2004

954-575-2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #