

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000001741

1. Corporation Name

YIREH & NISSI INVESTMENT CO., INC.

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~400 N. COMMERCIAL~~
~~PO BOX 5158~~
~~BELLINGTON WA 98227~~

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~~PO BOX 5158~~
~~BELLINGTON WA 98227~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1301 N. Congress Ave
Suite, Apt. #, etc. Suite # 130

3. New Mailing Office Address, If Applicable

802 Primavera Rd
Suite, Apt. #, etc. Glendora CA

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1997

5. FEI Number

93-1025145

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)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
PSTD		WANG, CHUAN S		802 PRIMARERA RD		GLENDORA CA	

8. Name and Address of Current Registered Agent

~~LEXIS DOCUMENT SERVICES INC.~~
~~3953 WW KELLEY ROAD~~
~~TALLAHASSEE FL 32311~~

9. Name and Address of New Registered Agent

Name

CHUAN S. WANG

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

1301 N. Congress Ave

Suite, Apt. #, Etc.

Suite # 130

City

Boynton Beach

State

FL

Zip Code

33426

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 10-31-01

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)(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

Date

Daytime Phone #

10-31-01 (561) 734-2177

CH2E040 (8/01)