

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H41939**

1. Corporation Name

TONG LE, P.E., INC.

Principal Place of Business

Mailing Address

5100 W. COPANS RD., ~~#100~~ **500**
MARGATE FL 33063

5100 W. COPANS RD., ~~#100~~ **500**
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

5100 W. COPANS RD
Suite, Apt. #, etc. **# 500**

3. New Mailing Office Address, If Applicable

5100 W COPANS RD
Suite, Apt. #, etc. **# 500**

City & State
MARGATE FL

Zip **33063** Country

City & State
MARGATE, FL

Zip **33063** Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1985

5. FEI Number

59-2545923

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
P	LE, TONG	6610 NW 41ST STREET	CORAL SPRINGS FL

8. Name and Address of Current Registered Agent

LE, TONG
5100 W. COPANS RD., ~~#100~~ #500
MARGATE FL 33063

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-03 (954) 224 4123

FILED

03 NOV -6 AM 9:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT **03**



700024480517

11/05/03--01042--020 **150.00

700024480517

11/05/03--01042--021 **8.75

CR2E040 (7/03)

Building Design
Bridges - Highrise
Balconies - Decks
Post Tensioned

TONG LE P.E., INC.
Consulting Engineering
5100 W. Copans Road, #200 • Margate, Florida 33063 •
Tel: (954) 974-6560 • Fax: (954) ~~974-6560~~

Concrete Restoration
Waterproofing - Reroofing
Inspection - Report
Repair Supervision

(954) 839-8959

November 3, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

Dear Sirs

My corporation TONG LE P.E Inc consists of only one man who is myself. I have a perfect record without late filing for the past twenty years . Due to my numerous changes of addresses , I have not received your papers in time, therefore I am asking for the waive of the \$600.00 of reinstatement.

I am sending the required \$150.00 fee.

Very truly yours



Tong Le