

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H91399

1. Corporation Name

PAN YE'S RESTAURANT, INC.

Principal Place of Business

Mailing Address

743 E MEMORIAL BLVD  
LAKELAND FL 33801  
US

743 E MEMORIAL BLVD  
LAKELAND FL 33801  
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/24/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2635925

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	CHIN, ROBERT	1506 HANSON AVENUE	LAKELAND FL
STD	CHIN, TIN TIN	1506 HANSON AVENUE	LAKELAND FL

TS 12/22/98

REINSTATEMENT 98

100002724111--5  
-12/28/98--01115--022  
\*\*\*150.00 \*\*\*150.00  
100002724111--5  
-12/28/98--01115--021  
\*\*\*600.00 \*\*\*600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIN, ROBERT  
1506 HANSON AVENUE  
LAKELAND FL 33803

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

ROBERT CHIN  
REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

ROBERT CHIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

11-19-98 941-686-2052  
Date Daytime Phone #

CR2ED40 (05/8)