

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 12:58

DOCUMENT # **513390**

1. Corporation Name

Hong Kong Restaurant of Pensacola, Inc.

2. Principal Office Address

1094 Navy Blvd.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

Escambia

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 91-00

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

5. FEI Number

59-2722897

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

Jane Wu

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

1094 Navy Blvd

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32507

000003856470-4
-03/16/01-01094-015
*****2019.00***2019.00**

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

Jane Wu

REGISTERED AGENT MUST SIGN

Date **12-22-00**

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
PTD	Wu, Noon Kevng	3785 Bonner Rd.	Pensacola, FL
VSD	Wu, Jane	" "	
D	Cheung, Man Lok	" "	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-00

Daytime Phone #

CR2E081 (9/99)