

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J71243**

1. Corporation Name

CANTON HOUSE RESTAURANT, INC.

Principal Place of Business

Mailing Address

**1013 N.W. Pinelake Drive
Stuart, Florida 34994**

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

2. New Principal Office Address, If Applicable

1013 N. W. Pinelake Drive

Suite, Apt. #, etc.

Stuart, Florida

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

34994

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

May 4, 1987

5. FEI Number

59-2850023

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	LIU ON TSANG	1013 N.W. Pinelake Drive	Stuart, Florida 34994
T D VP, S	KWAI FONG TSANG	1013 N.W. Pinelake Drive	Stuart, Florida 34994
			700002241807--6 -07/18/97-01101--006 ***1758.75 ***1758.75

8. Name and Address of Current Registered Agent

**LIU ON TSANG
1013 N. W. Pinelake Drive
Stuart, Florida 34994**

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-14-97

Daytime Phone #

561-692-2819

CR2E040 (12/96)

REINSTATEMENT 89-97

FILED

97 JUL 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA