

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR 23 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J80460

**1. Corporation Name**

EAST HARBOUR MAY INC  
17105 SAN CARLOS BLVD  
FORT MYERS BEACH FL 33931-5336

**2. Principal Office Address**

17105 SAN CARLOS BLVD

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH FL

Zip

Country

33931-5336 USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 91-01

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

10/1/87

**5. FEI Number**

65-0038980

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

GYAM CHING TONG

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

14805 MARTIN DRIVE

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 03/07/2001

**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
- P -	GYAM CHING TONG	14805 MARTIN DRIVE FORT MYERS FL 33908	FORT MYERS FL 33908

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GYAM CHING TONG

Date

03/07/2001

Daytime Phone #

941-481-4344