

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -6 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K35346**

1. Corporation Name

Asiantiques, Inc.

2. Principal Office Address

1201 Park Green Place

Suite, Apt. #, etc.

City & State

Winter Park

Zip

32789

Country

3. Mailing Office Address

P.O. Box 1707

Suite, Apt. #, etc.

City & State

Winter Park

Zip

32789

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1988

5. EEL Number

59-2916346

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

Christopher T. Hill, Esquire

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

201 South Orange Avenue

Suite, Apt. #, Etc.

Suite 720

City

Orlando

State

FL

Zip Code
32801

700075210567
06/15/06--01003--023 **13 8.75

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

Date **June 3, 2006**

REGISTERED AGENT MUST SIGN

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
PD	Ohk Soon Lorin	936 Fairway Drive	Winter Park, FL 32790
SD	Francois Lorin	936 Fairway Drive	Winter Park, FL 32790

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 contained in Chapter 119, 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:

Francois Lorin

June 3, 2006

407-927-4695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #