

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 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50699

1. Corporation Name

Fortune Import Corp.

Principal Place of Business

Mailing Address

~~5645 NW 84th Avenue~~
~~Miami, FL 33166~~

~~5645 NW 84th Avenue~~
~~Miami, FL 33166~~

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

2. New Principal Office Address, if Applicable
7970 NW 56th Street

3. New Mailing Office Address, if Applicable
7970 NW 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country

Zip
33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/88

5. FEI Number

65-0086417

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
P/T	Ho, Man F.	7970 NW 56th Street	Miami, FL 33166
V/S	Ho, Maria	7970 NW 56th Street	Miami, FL 33166
V/S	Juen Chan, Maria	7970 NW 56th Street	Miami, FL 33166

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SL 12-23-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ho, Man F.
5645 NW 84th Avenue
Miami, FL 33166

Name
Maria Juen Chan
Street Address (P.O. Box Number is Not Acceptable)
7970 NW 56th Street
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33166

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 12/18/98

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

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/98

Daytime Phone #