

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62754

1. Corporation Name

Nee's Kung-fu Studio INC.

2. Principal Office Address

13154 Spring Lake dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL.

City & State

Zip

33330

Country

USA

Zip

Country

4. Date of Incorporation
To Do Business in Florida

5. FEI Number

05-0174405

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

Toussithphonxay, Amy Losek

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

13154 Spring Lake drive

Suite, Apt. #, Etc.

City

Cooper City

State
FL

Zip Code

33330

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

10/29/02

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
PIT/NPK	Amy Losek (Toussithphonxay)	13154 Spring Lake dr Cooper City, FL 33330	Cooper City, FL 33330

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

Date

10/29/02

Daytime Phone #

T. Lewis 11/12/02

CR2E081 (9/01)

Nee's Kung Fu Studio
13154 Spring Lake Drive
Cooper City, FL 33330

October 29th, 2002

Dear Sirs,

This letter is to advise you that I never got the notices for my filing of Corporation fees.
Enclosed is a check for \$150.00 as instructed on the phone message of your office.
Enclosed also find a \$35.00 check for the filling fee to change the registered agent.
If you need to contact me, I can be reached at 954-252-1223.

Sincerely,


Amy Losek P.