

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 CORPORATION DIVISION

L0000009045

FILED

1. DOCUMENT # L0000009045
 Name and Mailing Address

02 NOV -6 PM 4:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0010202 01 FP 0.352 **PRSRT H7 0 0615 33904-915323
 CHOO INVESTMENTS, LLC
 4823 MILTON STREET
 CAPE CORAL FL 33904-9153



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4823 MILTON STREET CAPE CORAL FL 33904		5. Date Organized or Qualified To Do Business in Florida 07/28/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1033771 Applied For Not Applicable	
8. Name and Address of Current Registered Agent CHOO, HOM PING 4823 MILTON STREET CAPE CORAL FL 33904		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CFR2E084 (8/02)

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent: *[Signature]* Date: 11-1-02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	CHOO, HOM PING	818 SW EL DORADO PKWY	CAPE CORAL FL 33914
MEM	CHOO, YOKE HUA	818 SW EL DORADO PKWY	CAPE CORAL FL 33914
MEM	CHOO, CHE KIAM	23054 WORTH AVENUE	PORT CHARLOTTE FL 33954

REINSTATEMENT

[Handwritten initials]

400008600864
 10/25/02--01114--010 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when all fees owed by the limited liability company have been paid, the limited liability company name satisfies the requirements of section 608.406, F.S., and that as if made under oath.
 Signature of Managing Member/Manager: *[Signature]* Date: 10-22-02 Daytime Phone #: 239 549 3666
 Typed or printed name of signing Managing Member/Manager