

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP -2 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07505

1. Corporation Name

Chong's Financial and Investments Group, Inc.

2. Principal Office Address - No P.O. Box #

9120 NW 38th Street

3. Mailing Office Address

9120 NW 38th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

100211725551
09/02/11--01005--009 **3750.00

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida 08/07/1989

5. FEI Number

650138356

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

Bruce A. Brunt, CPA

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

7369 Sheridan Street

Suite, Apt. #, Etc.

Suite 201

City

Hollywood

State

FL

Zip Code

33024

REINSTATEMENT 07-11

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 8-23-11

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
P/D	Ray H. Chong	9120 NW 38th Street	Hollywood, FL 33024
VP/D	Helen Fan Chong	9120 NW 38th Street	Hollywood, FL 33024

JP 9/6

10. E-mail Address: cpas@bruntcpa.com wfs@portleysullivan.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-23-11 (904) 701-3889