

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 24 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L52881

1. Corporation Name

JAI RIN TANG, INC.

400006628394--2

-07/24/02--01054--027

***1208.75 ***1208.75

99-02

2. Principal Office Address
8386-8388 SW 40 St.

3. Mailing Office Address
8386-8388 SW 40 St.

Suite, Apt. #, etc.
Miami, FL 33155

Suite, Apt. #, etc.
Miami, FL 33155

City & State
Miami, FL 33155

City & State
Miami, FL 33155

Zip
33155

Country
USA

Zip
33155

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/26/1990

5. FEI Number
65-0207730

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
Dr. Whei Chue Shih

Street Address (P.O. Box Number is Not Acceptable)
8386 S.W. 40th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33155

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

Dr. Whei Chue Shih

REGISTERED AGENT MUST SIGN

Date 04/11/02

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
P. S. T. D.	Dr. Whei Chue Shih	8386-8388 S.W. 40 St.	Miami, FL 33155

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:

Dr. Whei Chue Shih

Dr. Whei Chue Shih

04/11/02

(305)221-8521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)