

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

NOV 15 AM 10 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72800

1. Corporation Name

FLORIDA ORIENTAL GROUP, INC.

Principal Place of Business

23 S.E. Monterey Road
Stuart, Florida 34994

Mailing Address

REINSTATEMENT 1994-1996

mws
11-20-96

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
March 14, 1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0037976

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

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
P/D	Man Fong Mui	18 East Broadway, 6th Floor	New York, N.Y. 10002
S/T/D	Mon Leang Mui	18 East Broadway, 6th Floor	New York, N.Y. 10002
General Counsel	Charles C. Chillingworth	2090 Palm Beach Lakes Blvd Suite 800	West Palm Beach, FL 33409

8. Name and Address of Current Registered Agent

Charles R.L. White
535 East Indiantown Road
Jupiter, Florida 33477

9. Name and Address of New Registered Agent

Name
Charles C. Chillingworth, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2090 Palm Beach Lakes Blvd.
Suite, Apt. #, Etc.
Suite 800
City
West Palm Beach
State
FL
Zip Code
33409

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

Charles C. Chillingworth

REGISTERED AGENT MUST SIGN

Date November 12, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Charles C. Chillingworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96

407-640-6000