

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81798

1. Corporation Name

FANTASIA ENTERPRISES, INC.

2. Principal Office Address

3527 N. Pine Island Road

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33321

Country

USA

3. Mailing Office Address

3527 N. Pine Island Road

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33321

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/19/1988

5. FEI Number
65-0051402

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

Rebecca Wu

Street Address (P.O. Box Number is Not Acceptable)
3527 N. Pine Island Road

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33321

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 12/03/2004

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 | Rebecca Wu | 3527 N. Pine Island Road | Sunrise, FL 33321 |
| S | Ana Fung Chiu | 3527 N. Pine Island Road | Sunrise, FL 33321 |
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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:

12/03/2004

954-343-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)