

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JUL 12 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004382

1. Corporation Name

TZ YIIN DAOIST TEMPLE

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

13537 BUCKHORN RUN COURT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32837

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/2000

5. FEI Number

593654438

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

YOKI LEE

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

13537 BUCKHORN RUN COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

*Yoki Lee*

REGISTERED AGENT MUST SIGN

Date 7/7/2010

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
DIR	YOKI LEE	13537 BUCKHORN RUN COURT	ORLANDO, FL 32837
DIR	MEI ZEN CHEN	2429 S 12TH ST	PHILADELPHIA, PA 19148
DIR	PAO CHAI TSAI	13537 BUCKHORN RUN COURT	ORLANDO, FL 32387

10. E-mail Address:

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

*Yoki Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-7-2010

Daytime Phone #

215-680-3332

7/12