

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000005168</b>					
<b>1. Entity Name</b> FIRST COAST ASIAN AMERICAN CHAMBER OF COMMERCE, INC.					
<b>Principal Place of Business</b> 9951 ATLANTIC BLVD. SUITE 467 JACKSONVILLE, FL 32225			<b>Mailing Address</b> 9951 ATLANTIC BLVD. SUITE 467 JACKSONVILLE, FL 32225		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 55-0869523	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ASSASDOGHLI, MARY G 9951 ATLANTIC BLVD. SUITE 467 JACKSONVILLE, FL 32225			Name Street Address (P.O. Box Number is Not Acceptable) City		
ASSASDOGHLI, MARY G 9951 ATLANTIC BLVD. SUITE 467 JACKSONVILLE, FL 32225			FL Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>MARY GRACE ASSASDOGHLI</u> DATE: <u>OCT. 28, 2007</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$236.25</b> After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASSASDOGHLI, MARY G 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ASSASDOGHLI, MARY G 9951 ATLANTIC BLVD., STE. 469 JAX FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JAY 9951 ATLANTIC BLVD #469 JAX, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEW TUNG CHUW 9951 ATLANTIC BLVD. STE. 469 JAX FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONTILAO, BOB 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUGAS, FLORENCIO 9951 ATLANTIC BLVD. STE 469 JAX FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KYMAR, FALGUNI 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEVA, NATHAN 9951 ATLANTIC BLVD. STE 469 JAX FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110864707 10/16/07--01059--001 **175.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110864707 11/07/07--01040--026 **8.75	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u>[Signature]</u> Date: <u>OCT. 8, 2007</u> Daytime Phone #: <u>904725 0210</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

11/2-aw



**FIRST COAST ASIAN AMERICAN  
CHAMBER OF COMMERCE (FCAACC)**

9951 Atlantic Blvd. Suite 467, Jacksonville FL 32225

Tels. (904)725-0210; Fax (904)725-0994

Email: [AsianAmChamber@aol.com](mailto:AsianAmChamber@aol.com)

Website: [www.asianamericanchamber.com](http://www.asianamericanchamber.com)



October 29, 2007

Florida Dep't. of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Mr. Andy Dunlap, Doc. Specialist Supervisor

RE: Request to Waive the penalty and reinstate the corporation, First Coast Asian American Chamber of Commerce, Inc.

Dear Mr. Dunlap,

This is to request your good office to please waived the penalty impose to us for the reason that we were not able to receive any notices or postcards from your office with regard to the 2007 corporate annual report.

Enclosed herewith is the check/s amounting to \$61.25 and \$8.75 for the reinstatement and the certificate of status.

I'm sending you back the 2007 Reinstatement form with my signature as the registered agent.

Thank you for your kind consideration and your outmost cooperation on this regard.

Sincerely yours,

MARY GRACE ASSADOGLI  
Chairman and Co Founder  
First Coast Asian American Chamber of Commerce  
9951 Atlantic Blvd. Suite 467  
Jacksonville FL 32225  
Tels. (904)725-0210; (904)207-4084  
Fax (904)725-0994  
Email: [AsianAmChamber@aol.com](mailto:AsianAmChamber@aol.com)