

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
JAN 23 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002175**

1. Corporation Name
FLORIDA CHINESE BUSINESS ASSOCIATION, INC.

2. Principal Office Address
2250 PRINCIPAL ROW

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip Country
32837

3. Mailing Office Address
2250 PRINCIPAL ROW

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip Country
32837

REINSTATEMENT **04-06**

CR2E081... JAN 24 2006

4. Date Incorporated or Qualified To Do Business in Florida
05-12-1993

5. FEI Number
59-3183876

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BRIAN LIANG
Street Address (P.O. Box Number is Not Acceptable)
832 N. THORNTON AVE
City
ORLANDO, FL
State
FL
Zip Code
32803

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 *Brian Liang* Date **1-20-2006**
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.D.	ALLEN CHIANG	2250 PRINCIPAL ROW	ORLANDO, FL 32837
T.D.	EDDIE YEH	2250 PRINCIPAL ROW	ORLANDO, FL 32837
J.D.	LE LO	2250 PRINCIPAL ROW	ORLANDO, FL 32837
V.P.D.	PETER WANG	2250 PRINCIPAL ROW	ORLANDO, FL 32837

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 contained in Chapter 119, 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: *Peter Wang* **PETER WANG, (D)** Date **1-20-2006** Daytime Phone # **407-898-7144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR