

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003027

1. Corporation Name

ASIAN FAMILY AND COMMUNITY EMPOWERMENT CENTER,
NC.

Principal Place of Business

Mailing Address

2201 FIRST AVE N.
SAINT PETERSBURG FL 33713-8816
US

2201 FIRST AVE N.
SAINT PETERSBURG FL 33713-8816
US

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1994

5. FEI Number

59-5232723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SOUK, THOMAS	8688 68TH STREET NORTH	PINELLAS PARK FL 33781
VPD	CHEA, SCOTT	9990 58TH STREET NORTH	PINELLAS PARK FL 33782
SD	INGALLS, THANH DONG	5944 34TH STREET NORTH	SAINT PETERSBURG FL 33714
MD	PRAK, BUN HAP	2201 FIRST AVE N.	ST. PETERSBURG FL 33713
TD	MANCOL, AMY	7080 41ST STREET NORTH	PINELLAS PARK FL 33781

8. Name and Address of Current Registered Agent

BUN HAP, PRAK
2201 FIRST AVE N.
ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

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

300023988213

Suite, Apt. #, Etc.

10/21/03--01147--011 **236.25

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/10/03

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS SOUK PRES.

10/13/03 727-301-8887

Date

Daytime Phone #

CR2E040 (7/03)