

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000071

1. Corporation Name

TAIWAN BUSINESS ASSOCIATION IN FLORIDA, INC.

Principal Place of Business

Mailing Address

3401 N. FEDERAL HWY
STE 209
BOCA RATON, FL 33431

SAME

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

5. FEI Number

Applied For

65-0547474

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NG, JOHNNY	1480 NW 96TH AVE	MIAMI, FL 33172
D	KUNG, DAVID	4601 NW 72ND AVE	MIAMI, FL 33166
D	CHAO, JANE	3401 N FEDERAL HWY #209	BOCA RATON, FL 33431

8. Name and Address of Current Registered Agent

YU, JIN YEN
2234 NW 82 AVE
MIAMI, FL 33167

9. Name and Address of New Registered Agent

Name

JANE CHAO

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

3401 N FEDERAL HWY STE 209

Suite, Apt. #, Etc.

City

OBOCA RATON

State

FL

Zip Code

33431

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.

Signature of
Registered Agent

Jane Chao

REGISTERED AGENT MUST SIGN

Date

1/11/02

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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:

Jane Chao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/02

Daytime Phone #

FILED

02 MAR -4 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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