APPLICATION FOR REINSTATEMENT PLEASE READ ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mor				NT OF STATE tham state		ING THIS FORM.		
DOCUMENT # N9700000146				RATIONS	99 NOV 29 Pil 5: 22			
1. Corporation Name					SECULARIO DE STAVE TALLARIOS E FULGRIDA			
CHUN	IG KUO KUO MIN TANG	MIAMI C	ENTER, INC			IALUAN SWA 1 A M.	ANDA	
Principal Place of Business Mailing Address					*			
3511 SW MIAMI FL		3511 SW 12 MIAMI FL 33			7			
			W99 -	26261	REINS	TATEMENT	98-99	
	e addresses are incorrect in any way, line the Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State		City & State			65-0745283 Not Applicable			
Z ₁ p Country		Zip Country		<i>'</i>	CERTIFICATE OF STATUS DESIRED 58 75 Additional Five required for a Certificate of Status			
	s and Street Addresses of Each Officer an Name of Officers	d/or Director (FI	Stre	et Address of Each	<u> </u>			
Title(s)	and/or Directors	7 Directors Of 3 (Do NOT Us		cer and/or Director Post Office Box Numbers)		City / State / Zip		
р т	TAM, MARIA ESTELLA 351		3511 SW 121 AV	3511 SW 121 AVE.		MAMI FL 33175		
. D	WANG, TONY		3511 SW 121 AV	E.	MAMI FL 33175			
D	YU, WEN SHO 3511 SW 121 AV			Ε.	MAMI FL 33175			
DS	TAM, SHOCK WAH 351		3511 SW 121 AV	9511 SW 121 AVE.		MIAMI FL 33175		
90	CHU, ANTHONY	3511 SW 121 AV	511 SW 121 AVE.		MAMI FL 33175			
	8. Name and Address of Curren	jent	Name and Address of New Registered Agent Name					
CHU, ANTHONY				Street Address (P.O. Box Number is Not Acceptable)				
3511 SW 121 AVE. MIAMI FL 33175				Suite, Apt. #, Etc	<u> </u>	4.6 14 2 4 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4	888 04018	
				City		****297.50 State	26 Code 7 50	
10. I, bei	ng appointed the registered agent of the at	pove named corp	•	•	bligations of Secti	on 607.0505, F.S.		
Signature Registere		REGISTERED A	GENT MUST SIGN			Date/1/20 / 4	79	
	his corporation owes or h ntangible Personal Prope			ar Yes 🔀	No 🗆	(See other side on intang		
this re owed	ify that I am an officer or director or the rec sinstatement application, the reason for dis by the corporation have been paid and the s application is true and accurate, and my	solution has bee names of indivi	n etiminated, the corpo iduals listed on this for	rate name satisfies n do not qualify for	the requirements an exemption un	of section 607.0401 or 617.040	1, F.S., that all fees	
SIGNA	ATURE: SIGNATURE AND TYPED OR P	RINTED NAME OF	SIGNING OFFICER OR C	HNTHONY	CHU, f	resd 11/1/99 Date 305	559-9175 Ine Phone #	